



Fig. 1.

limitations of SEOL are that respiratory symptoms are not specific to influenza; thus, they are subject to variation due to other respiratory viruses circulating among our employees.

1. The North Carolina Disease Event Tracking and Epidemiologic Collection Tool. NC DETECT website. <http://www.ncdetect.org>. Accessed Nov 8, 2019.

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Poster Presentation

Evaluation of Antibiotic Prophylaxis and Postsurgery Antibiotics for Urological Surgeries at an Academic Medical Center

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Objective: The purpose of this study was to evaluate antibiotic use in patients undergoing urological procedures. **Methodology:** This single-center, IRB-approved, retrospective, observational study was conducted at Grady Health System. Patients were included if they underwent their first inpatient urologic procedure between April 1, 2016, and April 1, 2018. Patients were excluded if they were <18 years old, pregnant, or a prisoner. The primary outcome was percentage of overall adherence to our institutional guidelines for surgical prophylaxis as a composite of antibiotic selection, dose, preoperative timing, and postoperative duration. Secondary outcomes include individual components of the composite outcome, nephrotoxicity, *Clostridium difficile* infection, and discharge antibiotic prescriptions. Descriptive statistics were used. **Results:** Of

the 100 patients evaluated, 11% achieved adherence with the primary outcome. Of the 89 patients who did not achieve composite outcome, only 8 selected the appropriate perioperative antibiotic. Overall, 30% were dosed appropriately, 47% were administered at the appropriate time with respect to time of incision, and 46% received perioperative antibiotics for no more than 24 hours. Also, 19 patients did not receive perioperative antibiotics. Overall, 14 different perioperative antibiotic regimens were utilized, despite institutional guidelines recommending 1 of 3 options. All 9 patients who developed nephrotoxicity received noncompliant perioperative prophylaxis. No patient developed *Clostridium difficile* infection within 30 days of surgery. Moreover, 58 patients were discharged with a prescription for at least 1 antibiotic. **Conclusions:** Most perioperative antibiotic prophylaxes for genitourinary surgeries are not compliant with institution guideline recommendations. Despite having institutional guidelines, there was a large variety in the antibiotic regimens that patients received. All of the patients identified as having an evaluated antibiotic-related adverse effect did not receive appropriate perioperative antibiotic prophylaxis. More than half of the patients received a prescription at discharge for at least 1 antibiotic.

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Evaluation of Environmental Decontamination of Surfaces Using Continuous Application of Low-Level Hydrogen Peroxide

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