

**1261. Early Administration of Colistin Might Improve the Outcome of Carbapenem-Resistant *Acinetobacter baumannii* Bacteremic Pneumonia**  
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**Background.** Carbapenem-resistant *Acinetobacter baumannii* (CRAB) has become leading pathogen causing nosocomial pneumonia in critically ill patients. This study aimed to describe severe infection with CRAB bacteremic pneumonia, as well as to investigate risk factors for mortality.

**Methods.** All patients aged  $\geq 18$  years with a CRAB-bacteremic pneumonia were enrolled retrospectively between April 2012 and March 2015 at five teaching hospitals in South Korea. Appropriate therapy was defined as having been treated for  $>24$  h with Colistimethate sodium (Colistin) including Colistin based combination within 5 days of the onset of bacteremia.

**Results.** During study period, 148 patients with CRAB bacteremic pneumonia were enrolled. Among them, 131 (88.5%) CRAB bacteremic pneumonia occurred in ICU, of whom 112 (75.7%) were ventilator associated pneumonia. Forty six (31.1%) patients received appropriate therapy. There was no difference in the baseline characteristics between appropriate therapy group and inappropriate therapy group (table). However, 2-day and 5-day mortality was higher in patients with inappropriate therapy group. The 30-day mortality rates were 71.6%. In the multivariate analysis using Cox-regression analysis method, McCabe Jackson criteria (HR 1.98, 95% CI 1.22–2.96,  $p < 0.001$ ), chronic lung disease (HR 1.66, 95% CI 1.50–2.61,  $p = 0.02$ ), APACHE II score  $>12$  (HR 2.32, 95% CI 1.42–3.81,  $p = 0.001$ ), and inappropriate therapy (HR 1.90, 95% CI 1.22–2.96,  $p = 0.005$ ) were found to be associated with 30-day mortality.

**Conclusion.** The mortality rate of CRAB bacteremic pneumonia was extremely high. Early administration of colistin may alter the outcome of patients with CRAB bacteremic pneumonia.

**Disclosures.** All authors: No reported disclosures