

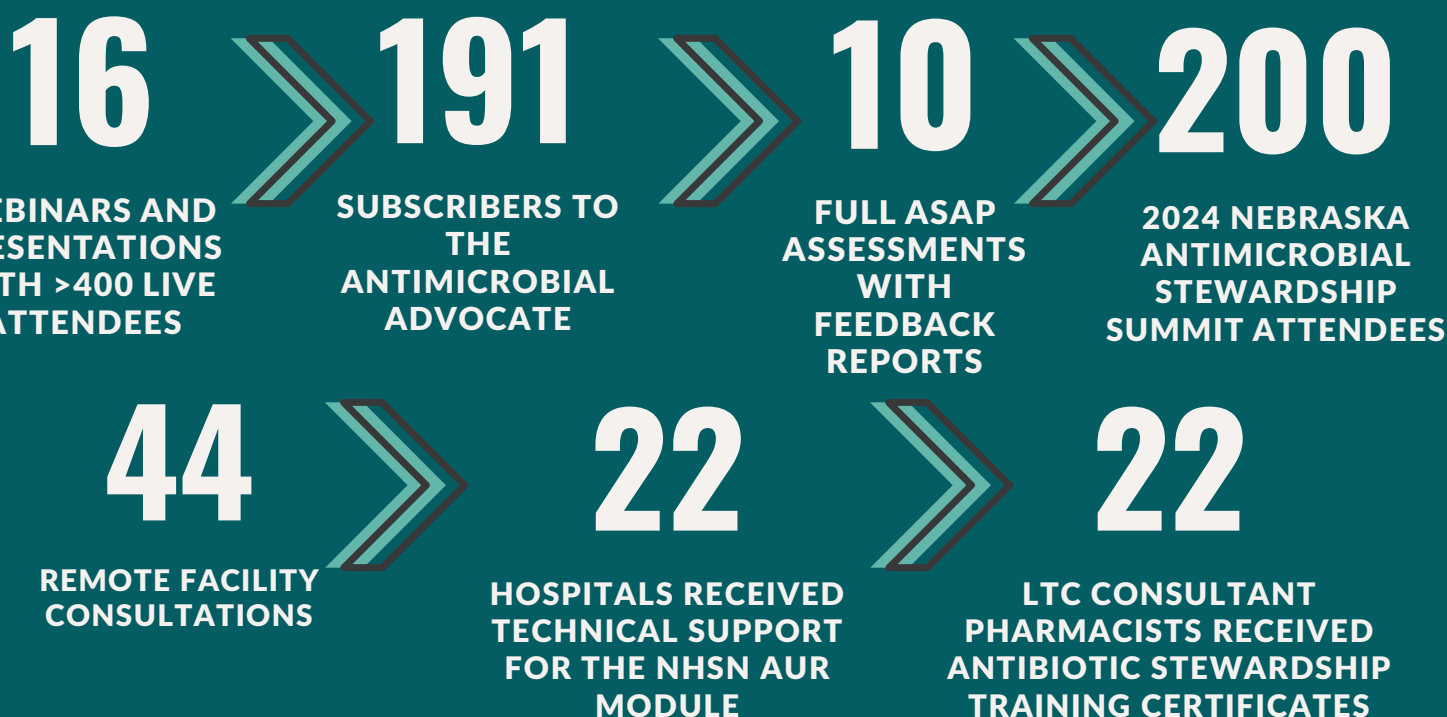


Volume 2: Issue 1 January 2025

THE ANTIMICROBIAL ADVOCATE

Nebraska ASAP Newsletter

Nebraska ASAP 2024 Year in Review



Thank you for making Antibiotic Stewardship a priority in 2024 and we look forward to 2025!

Penicillin Allergy Management - Removing Barriers to Optimal Antibiotic Prescribing

New! **Free** eLearning course
from the Society of Healthcare
Epidemiology of America



In this short, interactive course, learners will gain experience in penicillin allergy history taking, risk assessment using validated instruments, penicillin allergy testing, and de-labeling. The target audience includes physicians (ID, primary care, hospitalists), pharmacists, and advanced practice providers.

- Module 1: Learn about penicillin allergies: What are the adverse effects, how to take a history and perform a risk assessment
- Module 2: Learn about penicillin allergy testing: When to test, how to test, and how to delabel
- Module 3: Learn about penicillin allergy teamwork: How to engage patients, how to document penicillin allergy testing, and how to function as a team

Available credit:

2.00 ABIM MOC

2.00 ACPE Pharmacy

2.00 AMA PRA Category 1 Credit™

2.00 Participation



[Click Here to Enroll!](#)

Course Expires 12/6/2027

PRACTICE CHANGING CLINICAL TRIALS IN ID

THE BALANCE TRIAL

ORIGINAL ARTICLE

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Antibiotic Treatment for 7 versus 14 Days in Patients with Bloodstream Infections

Author: The BALANCE Investigators, for the Canadian Critical Care Trials Group, the Association of Medical Microbiology and Infectious Disease Canada Clinical Research Network, the Australian and New Zealand Intensive Care Society Clinical Trials Group, and the Australasian Society for Infectious Diseases Clinical Research Network* [Author Info & Affiliations](#)

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- Randomized, open-label non-inferiority trial with >3,000 patients
- Primary outcome: 90- day mortality
- Most common pathogens
 - *E. coli* (43.8%)
 - *Klebsiella* spp. (15.3%)
 - *Enterococcus* spp. (6.9%)
- Included **Gram-negative and Gram-positive** pathogens
- >50% of patients were critically ill
- Limitations: lack of blinding, **exclusion of *Staphylococcus aureus***, exclusion of transplant and neutropenic patients

CONCLUSION:
7 DAYS OF THERAPY
IS NON-INFERIOR TO
14-DAY TREATMENT
IN BLOODSTREAM
INFECTIONS



[Find the Full Article Here: Antibiotic Treatment for 7 versus 14 Days in Patients with Bloodstream Infections - NEJM](#)

2025
NEBRASKA
ANTIMICROBIAL
STEWARDSHIP
SUMMIT

MAY
30
2025

NEW LOCATION!
UNIVERSITY OF
NEBRASKA-LINCOLN
EAST CAMPUS UNION
LINCOLN, NEBRASKA

SAVE
THE
DATE

NEBRASKA ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM

