SUMMARY

Purpose: The purpose of this study was to compare perceived utility by the ease of use, patient safety, drug therapy and compliance of protocols between nurses and physicians.

Materials and Methods: The survey covered 178 medical specialists. Have been used documentary and survey methods. Data has been analyzed by using the software package SPSS v. 21.0 and graphics were prepared by using the program Microsoft Excel '13.

Results: Almost half of respondents, 41.01% believe that protocols can contribute to reducing mortality and morbidity in ICU due to early recognition of patient worsening \( p=0.000 \) (\( \chi^2=24.48, \text{df}=4 \)). The remaining part 46.63% totally agree with this, the others 4.49% cannot predict, and 7.87% rather believe that this will not affect the mentioned indicators. Protocols can avoid a sudden change in basic vital functions, such as breathing rate, blood pressure, consciousness level, etc. and these changes should not be missed \( p=0.010 \) (\( \chi^2=13.35, \text{df}=4 \)). More than 51.69% of the practitioners consider that and other 40.45% fully support this claim. Around 6.18% rather believe that this cannot be influenced, 1.69% cannot judge. A high percentage of 97 (54.50% \( \pm \) 3.73) specialists, who are working in ICU believe that the use of protocols contributes to the prevention of adverse drug reactions \( p=0.000 \) (\( \chi^2=23.41, \text{df}=4 \)).

Conclusions: Overcoming the perceived barriers of protocol use within ICU requires personnel for development and physician support. A better protocol review process is necessary to assure optimal content, desired outcomes, and consistency with safe medication practices guidelines.

Keywords: protocols, intensive cares, ICU, nurses,
RESULTS:

**Fig. 1.** The distribution of respondents to the claim that the use of clinical protocols can contribute to reducing mortality and morbidity in ICUs due to early recognition of patient worsening.

Almost half of respondents, 41.01% believe that protocols can contribute to reducing mortality and morbidity in ICUs due to early recognition of patient worsening \( p=0.000 \) \( (\chi^2=24.48, \text{ df}=4) \). The remaining part 46.63% totally agree with this, the others 4.49% cannot predict, and 7.87% rather believe that this will not affect the mentioned indicators.

**Fig. 2.** The distribution of respondents to the claim that the use of clinical protocols can avoid a sudden change in basic vital functions, such as breathing rate, blood pressure, consciousness level, etc. and these changes should not be missed.
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**Fig. 3.** Distribution of respondents to the claim that the use of protocols contributes to the prevention of adverse drug reactions.

![Chart showing distribution of respondents](https://www.journal-imab-bg.org)

A high percentage of 97 (54.50% ± 3.73) specialists, who are working in ICU\(^a\) believe that the use of protocols contributes to the prevention of adverse drug reactions \( p=0.000 \) \((\chi^2=23.41, \text{df}=4)\).

**DISCUSSION:**

After this survey, we can say that usage of protocols in ICU\(^a\), requires constantly evolving staff, which has to be supported by the physician. The better healing process is accomplished by optimizing the content, using new technologies and techniques, also periodically evaluation of the desired results. Protocol use has substantially increased over the past decade. Patient outcomes associated with protocol use have typically demonstrated positive results [10, 11]. Sedation protocols have been shown to decrease the duration of mechanical ventilation and length of stay in hospital [10]. Protocols managing transfusion management, sepsis resuscitation, and ventilator-associated pneumonia have also shown improved outcomes [10, 13]. Drug protocols were identified as the most frequently used protocol to improve patient outcomes. This is supported by a recent analysis showing that incorporating “sepsis bundles” improved antibiotic use among the heterogeneous studies [13].

**CONCLUSION:**

Improved healing can be accomplished by optimizing the content and evaluation of the desired results, in association with good doctor practices. We should have developed a more flexible framework, which has been accepted by standard, which will improve the quality of cares. Educational programs must be improved, and their effect should be studied. There are concerns that the lack of nurses in ICU\(^a\) in Bulgaria has been seriously increased.
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