Part of a nurse’s work is to assist patients with their physical, spiritual, and social needs if patients are unable to satisfy these needs on their own. Hygiene and skin condition, including nutritional balance, are significant factors in preventing pressure ulcers. The occurrence of pressure ulcers has an important influence on the patient’s quality of life in many ways. According to the literature, factors influencing the pressure ulcer patient’s quality of life, and which can be influenced by nursing, include skin condition, cost-effective wound care, comfortableness of the mattress, quality of sleep, high-quality auxiliary devices, and treatment of pain including appropriate care practices. In addition, the nursing staff’s motivation, competence, and skills in effective methods influence the success of preventive measures.

The patient’s wellbeing, feeling of comfort in bed, and quality of sleep can be promoted by selecting an appropriate mattress for the patient, taking the known risk factors of ulceration into account. Experience has shown that even though the patient is informed about the beneficial effects of an alternating pressure mattress, the patient may not be willing to test such a mattress. Reasons for this decision may be the patient’s previous negative experiences or beliefs. For some patients, even the most silent machinery is experienced as annoying and affecting the quality of sleep. On the other hand, the spasticity of a patient with a spinal cord injury may be activated, a very skinny and small patient may feel as though they are “drowning” in the mattress, and an extremely obese or tall and large patient might experience the dimensions of the mattress as uncomfortable. Consequently, the patient’s own wishes and experiences of special mattresses must always be taken into account. Sometimes, the best solution is to allow patients to bring their own special mattress for the hospital stay.

In some cases, the patient’s quality of life and motivation improve if the patient becomes aware of the costs arising from pressure ulcers and the effects of these ulcers. Regrettably, young patients especially often only understand the actual risk of having a pressure ulcer when the first ulcer occurs. In the research data of the Helsinki University Hospital over half of the patients with pressure ulcers were patients with spinal cord injury. Thus, in particular young patients with a spinal cord injury should have peer support and practical examples in their own language. The care staff should create ways, together with the patients, by which the best possible preventive methods for pressure ulcers can be offered. This requires personnel who have appropriate education, competence, and motivation.
for high-quality nursing. In her doctoral dissertation “Pressure Ulcer Risk Assessment in Long-term Care. Developing an Instrument,” Lepistö concludes that staff are aware of the need to prevent pressure ulcers in high-risk patients, for example bedridden patients, but that prevention of other patients’ pressure ulcers is more difficult.

However, not all pressure ulcers can be prevented. Treatment of pressure ulcers, preventing infections, and preventing an infection from spreading are a very important part of nursing. Pressure ulcers are usually located in difficult places, which is unpleasant for the patients, and it is impossible for them to treat these ulcers themselves. The patients might easily feel like “prisoners” of the ulcers and isolate themselves, being anxious about the bandages becoming soaking wet or odors coming through. Nurses are required to have expertise in selecting the most economical bandages that will also have a positive effect on patients’ quality of life, allowing patients to lead as normal a life as possible. In western countries, there are hundreds of products from which to choose. However, the problem is that the products are usually very expensive and knowledge of their effects is based mainly on recommendations generated through experience and information given by the manufacturers. Whenever possible, the most economical treatment should be selected if its effect is as good as the more expensive alternative. In treatment of chronic wounds, no differences have been observed in healing of the wounds when the use of sterile and factory clean techniques, including sterile wound cleaning, and the use of drinking water have been compared. However, using drinking water is significantly cheaper. A pressure ulcer in itself causes significant additional costs for the patient in addition to human suffering.

### A Practical Example of the Methods Used for Prevention of a Plastic Surgery Patient’s Pressure Ulcers

The patient’s risk of having a pressure ulcer is individually evaluated. There is no risk evaluation indicator in regular use but the risk evaluation is based on experience, research, and the most recent available knowledge including following up of the incidence of pressure ulcers and common agreements. For example, the European Pressure Ulcer Advisory Panel (EPUAP) prevention and treatment guidelines have been utilized in teaching.

All patients coming for corrective surgery of pressure ulcers or patients who already have a pressure ulcer when they are hospitalized, including all immobile patients, will have an alternating pressure mattress preoperatively at the hospital. If the number of mattresses is not sufficient on the ward, it is possible to rent them and they are available within a few hours. The patient’s nutritional imbalance is primarily treated with dietary supplements. Those patients who are not allowed to change their position freely in bed postoperatively will have a mattress of this kind at latest in the recovery room. The nurse receiving the patient evaluates his or her need of special mattresses and other auxiliary devices when the patient enters the hospital. In addition to written instructions, regular training is organized in prevention of pressure ulcers, for example use of auxiliary devices and correct lifting techniques. It has also been commonly agreed that a physiotherapist and several nurses participate for the first few times in moving those patients who need a lot of help. The physiotherapist guides the patient but also shows the nursing staff how to use the best methods. Following up the incidence of pressure ulcers is an issue