



Pressure Ulcers in Stroke Care: Empowering Patients and Nurses with Evidence-Based Interventions

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DESCRIPTION

Pressure ulcers, also known as bedsores or decubitus ulcers, are a significant healthcare concern affecting a diverse range of patients. Among the population at risk, stroke patients are particularly vulnerable due to their compromised mobility and prolonged periods of immobility during the acute phase of their condition. These ulcers not only cause immense suffering and discomfort but also lead to extended hospital stays, increased healthcare costs and diminished quality of life. The implementation of evidence-based nursing interventions plays a pivotal role in preventing and managing pressure ulcers in stroke patients. This paper delves into the effects of evidence-based nursing interventions on pressure ulcers in patients with stroke, exploring the impact on prevention, management and overall patient outcomes. Pressure ulcers are localized injuries to the skin and underlying tissue caused by pressure, shear, friction, or a combination of these factors. They are classified into various stages, ranging from mild erythema to extensive tissue damage. Stroke patients, especially those with severe motor impairment and altered sensory perception, are at a heightened risk of developing pressure ulcers. Immobility, sensory deficits and compromised blood flow contribute to the formation and progression of these ulcers.

The consequences of pressure ulcers in stroke patients extend beyond physical discomfort, often leading to infections, sepsis and increased mortality rates. Evidence-based nursing interventions are grounded in the integration of clinical expertise, patient preferences and the best available evidence. They are essential for guiding nursing practice and decision-making ensuring that patient care is modified to individual needs and supported by research-derived strategies. In the context of pressure ulcers in stroke patients, evidence-based interventions encompass a wide array of measures designed to prevent, assess and manage these wounds. These interventions range from repositioning techniques, advanced wound care, nutritional support and education for patients and caregivers. Prevention serves as a fundament in the management of pressure ulcers,

particularly in stroke patients who are predisposed to their development. Evidence-based nursing interventions aimed at prevention involve regular assessment of the patients risk, implementation of specialized support surfaces and meticulous skin care. Comprehensive risk assessment tools, such as the Braden Scale, help identify patients at higher risk of pressure ulcer development. Nurses play a critical role in implementing preventive measures by ensuring proper patient positioning, maintaining adequate hydration and nutrition and utilizing pressure-relieving devices. When pressure ulcers do occur, evidence-based nursing interventions guide the management process to facilitate optimal healing.

The selection of appropriate wound care interventions is based on wound characteristics, including stage, size, exudate and presence of infection. Strategies may include the use of dressings, debridement techniques and adjunctive therapies like negative pressure wound therapy. The nurse's expertise in wound assessment and management significantly influences outcomes by promoting granulation tissue formation, reducing infection risk and facilitating wound closure. Educating both stroke patients and their caregivers is an integral component of evidence-based nursing interventions. Patient and caregiver education focuses on early recognition of pressure ulcer signs, proper positioning techniques, maintaining skin integrity and the importance of consistent repositioning. Empowering patients and caregivers equips them with the knowledge and skills needed to actively participate in preventing and managing pressure ulcers, ultimately leading to better outcomes and reduced recurrence rates.

The implementation of evidence-based nursing interventions in the prevention and management of pressure ulcers in stroke patients yields profound impacts on patient outcomes. By preventing the development of pressure ulcers, patient discomfort and suffering are minimized and healthcare resources are conserved. Moreover, effective management strategies contribute to faster wound healing, reduced complications and decreased rates of infection and hospital-acquired conditions. While evidence-based nursing interventions offer substantial

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benefits, several challenges and barriers to their implementation exist. These include inadequate staffing, limited resources, time constraints and resistance to change. Nurses often encounter difficulties in consistently applying preventive measures due to high patient loads and demanding work environments. Additionally, barriers related to the integration of new technologies and practices may hinder the adoption of evidence-based interventions.

CONCLUSION

Pressure ulcers in stroke patients constitute a complex healthcare challenge with far-reaching implications. Evidence-based nursing

interventions play a significant role in preventing and managing pressure ulcers, thereby enhancing patient outcomes and reducing healthcare costs. By focusing on prevention, advanced wound care and patient education, nurses contribute significantly to minimizing the burden of pressure ulcers on stroke patients. Overcoming implementation barriers requires a collaborative effort among healthcare professionals, administrators and policymakers to create an environment conducive to evidence-based practice.