

Pressure ulcer prevention in cardiac surgery patients

Citation for published version (APA):

Feuchtinger, J. (2005). *Pressure ulcer prevention in cardiac surgery patients*.
<https://doi.org/10.26481/dis.20050929jf>

Document status and date:

Published: 01/01/2005

DOI:

[10.26481/dis.20050929jf](https://doi.org/10.26481/dis.20050929jf)

Document Version:

Publisher's PDF, also known as Version of record

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STELLINGEN

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PRESSURE ULCER PREVENTION
IN CARDIAC SURGERY PATIENTS

van

Johanna Feuchtinger

Maastricht, 29 september 2005

1. Benchmarking with incidence and prevalence data misleads institutions to (possibly) unnecessary interventions if not the same pressure ulcer grading systems are used (this thesis).
2. Sensitivity, specificity, positive and negative predictive value depend on the preventive measures which are given to patients (this thesis).
3. Nursing care harms patients (this thesis).
4. The necessity and effectiveness of external heating of patients during cardiac surgery procedures is unproved (this thesis).
5. Foams, foams, foams – considerable money for questionable results.
6. Risk assessment is more than to complete lists of given risk factors.
7. We should ask why a human being does *not* get a pressure ulcer instead of asking why he/she gets one (based on Antonovsky, 1998).
8. Pick a measurement you care about, and begin to plot it regularly over time. Much good will follow (Berwick, 1996).
9. Science is a modern religion.
10. A PhD-programme must be international.