

ROHO Cushion

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Background

Trigger: Lack of knowledge and use of the ROHO cushion.

- P: Nurses on Regional Heart Center, Muhlenburg (RHCM)
- I: Criteria for the usage of the ROHO cushion
- C: No criteria
- O: Increase nurse's knowledge when to implement a ROHO cushion.
- Would the development of a ROHO cushion tool aid nurses knowledge in the usage of the ROHO cushion on RHCM.

Methods

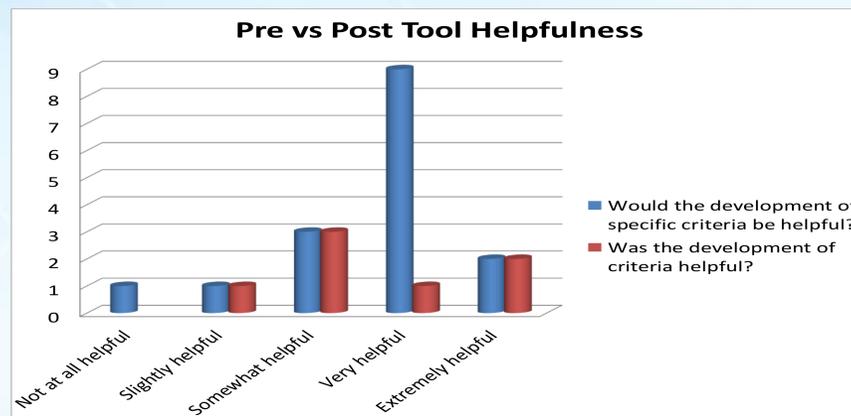
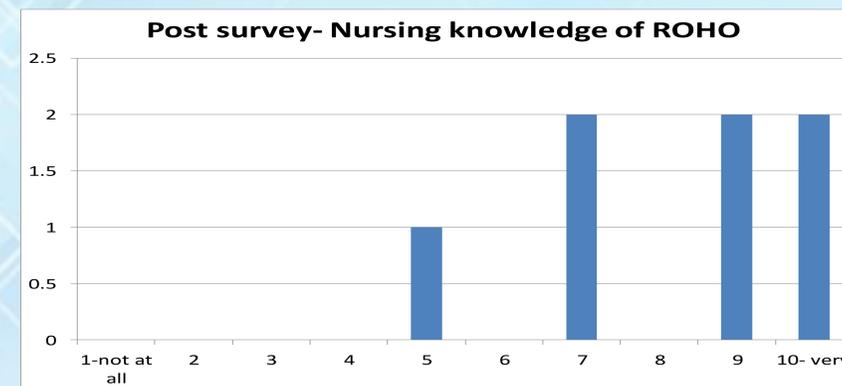
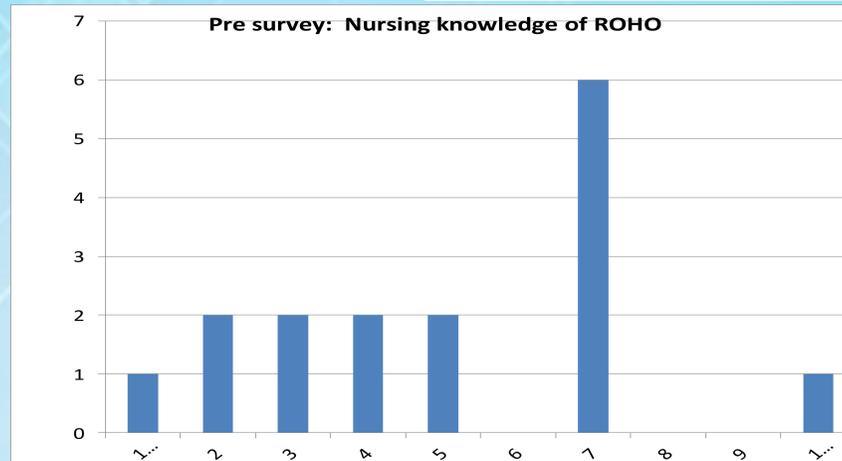
- Surveys were distributed to night shift and day shift nurses on Regional Heart
 - Pre-questionnaire
 - ROHO cushion tool
 - Post-questionnaire
- A ROHO cushion tool was designed to aid nurses knowledge on which patients would benefit from the usage of the ROHO cushion.

The ROHO cushion was created based on criteria provided by Lehigh Valley Wound Care Nursing criteria

- patients with existing Stage 3 or 4 pressure injuries to a sitting surface (i.e. ischium, coccyx, or sacrum if they slouch in the chair)
- wheelchair bound patients (paraplegia, quadriplegia, hemiplegia)
- patients who are chair-bound much of the day

Outcomes

Pre-survey: 16 nurses
Post-survey: 7 nurses



Evidence

“The Roho cushion was significantly more efficient in compensating the adverse effects of sitting posture on pressure distribution,” (K.K et al,1996).

“The Roho with it flotation properties, is able to distribute pressure in the sitting area more effectively than either of these other types of cushions provided the correct amount of air for optimal suspension is maintained in the cushion”(Barr, 1991).

“This study has provided evidence that the **Roho® cushion** has superior pressure redistribution qualities than the Vicair® cushion for a small sample of patients with complete spinal cord injury.” (Trewartha, 2011).

Conclusion

Pre-survey: Nurses felt that the development of specific criteria for the ROHO cushion would be very helpful. And the nurses scored the most a 7 as to how knowledgeable they felt about the ROHO cushion on a scale of 1 (easiest) to 10 (hardest).

Post-survey the nurses ranged from rating the criteria as slightly helpful to extremely helpful. Not one nurse said the criteria was not at all helpful.

In conclusion, with the development of specific criteria the nurses felt more knowledgeable about the ROHO cushion.

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