A nurse mailing list serving the Home Dialysis community.
Nursing dialysis dialogues highlighted

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Résumé

Conscient des difficultés rencontrées par les centres dans la prise en charge ambulatoire des patients en Dialyse Péritonéale, le 21 mars 2016, le Registre de Dialyse Péritonéale de Langue Française et Hémodialyse à Domicile (RDPLF-HDD) a lancé une liste de diffusion infirmière appelée « alloDP » au service des unités de Dialyse à Domicile inscrites au Registre. Les difficultés, liées à l’isolement des équipes, à la taille des centres, au nombre d’intervenants, à la méconnaissance de la technique constituent, indéniablement, un frein au développement de la technique du domicile.

Cette liste de diffusion est exclusivement réservée aux Infirmier(e)s Diplômé(e)s d’État (IDE) exerçant en Dialyse à Domicile. L’inscription se fait auprès du RDPLF. Il faut disposer d’une adresse mail, si possible, personnelle. Les néphrologues et les infirmier(s) des laboratoires fournisseurs de matériel peuvent avoir accès à alloDP, sur demande, mais seulement en tant que « lecteurs ».

Pour rompre son isolement, ou sensation d’isolement, il suffit à l’IDE d’envoyer un questionnement, une demande, un besoin à la communauté infirmière sur l’adresse allodp@rdplf.org. La richesse du partage fait le reste.

Pour illustrer la teneur des échanges, nous avons choisi d’en résumer six dans cette soumission.

Mots clés : dialyse péritonéale, liste de diffusion infirmière, infirmier de dialyse à domicile

Summary

Aware of the difficulties encountered by the centers in the outpatient management of peritoneal dialysis patients, on March 21, 2016, the French Language Peritoneal Dialysis Registry (RDPLF) launched an «alloDP» nursing list for the benefit of Home Dialysis units active in the Registry. Difficulties in relation to the isolation of the teams, the size of the centers, the number of participants, the lack of knowledge in the technique are undeniably a hindrance to the development of home treatment.

This mailing list is exclusively reserved for home dialysis nurses after registration by the RDPLF. They need an email address, if possible, personal. Nephrologists and nurses at the material supply commercial providers may have access to alloDP, upon request, but only as «readers».

To break her isolation, or sense of isolation, the nurse simply sends her question, request, or need to the nursing community to the address allodp@rdplf.org. The wealth of sharing does the rest.

To illustrate the content of the exchanges, we have chosen to summarize six of them in this article.

Keywords : nurse mailing list, peritoneal dialysis, home dialysis
INTRODUCTION:

Since the beginning of the Internet, mailing lists have been a means of dialogue between people sharing the same interest, professional or private. Compared to forums, they have the advantage, after voluntary registration of subscribers, to transmit at the same time any message from one individual subscriber to all the other registered subscribers, without the need for them to connect to a dedicated web site. We describe the alloDP mailing list made available to French-speaking home dialysis nurses by the RDPLF registry.

The main objective of this mailing list was to make the home dialysis nurses community, the resource person, for each nurse in the dialysis centers.

Supervised permanently by the physicians of the “Commission of Good Practices” (CBP) of the RDPLF, this list is managed by a nurse moderator.

In order to facilitate the nurses exchanges without medical intervention, physicians cannot intervene directly, but can do so through the moderator if considered necessary. Some questions were the subject of an intervention / recommendation by nephrologists of the CBP.

CENTERS, NURSES AND MÉTHÖDS

In 2016, the RDPLF had e-mail addresses of 200 Home Dialysis nurses of centers participating to the registry. The «moderated mailing list» mode was chosen in preference to the discussion forum in order to ensure a quality follow-up. The number of subscribers today is 288. The alloDP community extends over the French-speaking world: France, Belgium, Luxembourg, Switzerland, Quebec and Africa.

After 3 years, 163 requests have been posted. Of these, eight, more specific, did not generate responses on the mailing list, but in general resulted in direct contact between nurses working in the centers.

The constructive exchanges resulted this last year in using alloDP as a support to perform on line investigations with the aim of replying to institutional requests or helping nurses write theses for inter-university degrees.

In this article, we chose to report as examples, the 6 topics that generated the most commitments and exchanges within the teams. In a near future we plan to post these exchanges on the RDPLF web site.

TOPICS RETAINED

-- Organization of on call/emergency service for home dialysis patients.
- Third party indemnity and the differences between public and private health institutions. - Waste management in home dialysis
- Icodextrin and blood glucose monitors
- Recommendations for the timing of transfer line change after peritoneal infection.
- Coding of acts in the activity of PD.
For each of these topics, between 15 to 25 correspondents expressed themselves.

RESULTS:

- Organization of on call/emergency service for Peritoneal Dialysis.
This was a federating subject. Nine answers were posted, the author of the question re-intervening during the exchanges to learn about the remuneration of the on call attendee.

On call service provided by the nephrology service: 4
On call PD nurse : 4
On call provided by the Hemodialysis department : 1

On this sampling, all on call professionals were paid or recovered some days off; it could be estimated that nephrology / hemodialysis services provide 55% of PD on call duties. It should be noted that in these cases, some PD nurses are available voluntarily to colleagues without being paid

- Waste management in home dialysis: household waste or waste of care activities with infectious risks (DASRI)?

A hot topic discussed and differently managed according to the centers and regions!
According to the definition of health care waste in the French Public Health Code, PD waste is not to be considered as DASRI (except for particular pathologies). The patient paying a household waste tax on his house tax should therefore be able to benefit from the removal of the waste due to the PD technique. However, it should be noted that according to the municipalities and their sorting organization, patients are often led to manage the disposal of their waste themselves. Often, not for profit
associations, aware of the difficulties faced by patients, 
ensure collection and elimination.

- Third party indemnity and the differences between pu-
  blic and private health institution.
  In France, patients on peritoneal dialysis receive a fees, 
called third party compensatory indemnity.
  Three different requests, focused on this subject in a few 
days, have allowed a complete examination of the issue.
  Reminder of the legal framework of third party com-
  pensatory indemnity : it can be paid only to the patient 
who is treated, alone, or with the help of a relative. The 
intervention of any nurse cancels this indemnity, except 
in case of exit site and dressing care. If there is mixed 
participation of nurse - patient / relative, the compensa-
tion to third person can be paid only for whole weeks of 
total autonomy.

- Icodextrin and blood glucose monitors
  This is a recurring concern: compatibility of blood 
glucose monitors with icodextrin.
  The subject was submitted, by an active participant of 
alloDP, who, after he conducted a thorough research on 
the subject, had additional questions.
  The exchanges were at the height of the theme, which 
was closely followed, even though the number of partic-
ipants to the discussion was rather scarce.

We thus know that for a patient on icodextrin, the use 
of glucose monitors using the enzymes Glucose Dehy-
drogenase and PyrroloQuinone Quinone (GDH and 
PQQ) induces a high risk of overestimation of glucose 
concentration. That a note from the National Agency for 
the Safety of Medicines and Health Products (ANSM) 
of October 2015, which took stock on the subject, re-
moved any risk, since this type of monitor was not mar-
keted in France . The participant shared the concerns of 
his department, given the results of high blood glucose 
given by readers of strips Glucose Dehydrogenase with 
Flavin-Adenine Dinucleotide (GDH-FAD). Research 
undertaken has found a document, from Baxter labo-
ratories, in June 2010, outlawing their use for reasons 
similar to GDH-PQQ.

Therefore, we now know that glucose monitors with 
GDH-PQQ and GDH-FAD strips should not be used in 
patients taking icodextrin.

- Recommendations for the timing of transfer line 
change after peritoneal infection.

To date, neither recommendation nor consensus. Prac-
tices are very different from one center to another.
If a large majority performs an extension line change af-
ter peritoneal infection, this replacement can occur from 
the very beginning of the episode until 10 days after 
stopping antibiotic therapy in different centers.
Centers that do not perform extension line changes after 
peritoneal infection did not report any particular com-
pli cation.
Given the importance of the subject and the dispersion 
of practices, the nephrologists of the Board of Directors 
of the RDPLF were consulted on the subject. Here are 
their opinions:

- Unanimously, all nephrologists think that it is neces-
sary to change the extension line, before stopping an-
tibiotics, to counteract any bacterial colonization of 
the biofilm that may be present on the inner wall of the 
extension line.

- Replacement of the extension line, under antibiotic 
coverage, will protect against a potential recurrence of 
infection.
- For the «moment of change», practices range from 48 
hours after the start of antibiotic therapy until the return 
to a clear and sterile peritoneal effluent.
- None of the consulted nephrologists found any argu-
ment for a post-antibiotic change.

- Coding of nurse acts in the activity of PD
Subject of many questions from the PD nurses, anxious 
to see their work recognized and who know that, very 
of ten, the recognition of a task is related to remunera-
tion for the hospital: following coding / quotation / billing. 
The content of the exchanges and the speed of the inter-
ventions reflected the interest and the heterogeneity of 
the situations. Some centers do not code anything. All 
agreed it was a shame that the training of liberal nurses 
is not and cannot be rated. Centers have a rating of their 
own; some use the CORA software other than the Ge-
neral List of Professional Acts (NGAP), while others 
consult the MIGAC database (Missions of General In-
terest and Contractualization Assistance). One can also 
refer to the coding of Acts CCAM (Common Classifi-
cation of Medical Acts) Chapter 8 «Genital and Urinary 
System».
If we have to summarize: nothing is clear, and a reflec-
tion on this subject would be much needed.

CONCLUSIONS

The experience of some associations and the achievements of others 
allow true mutual help and transmission of essential in-
formation for the benefit of teams and patients.
Testimons tend to show that in Peritoneal Dialysis, in-
duced in our country for almost 40 years now, there 
is no real «standard» and that practices are, most often, 
«center dependent». 
The nursing mailing list alloDP (allodp@rdplf.org) has demonstrated for 3 years that it meets a need of the nursing teams in this field. Having become a «gazette» of questions, it introduces exchanges and confrontation of practices, at the service of caregivers and patients. As a help and mutual aid tool, it has become a real tool for continuing education, available to all.

**ADDITIONAL INFORMATION / LINKS:**

- Summaries of exchange excerpts from the alloDP nursing mailing list from 22/03/2016 to 31/07/2019.


- What is a mailing list: [http://www.sfndt.org/sn/eservice/lists/index.htm](http://www.sfndt.org/sn/eservice/lists/index.htm)


- Registration / registration form on the alloDP nursing mailing list: [https://www.rdplf.org/allodp.html](https://www.rdplf.org/allodp.html)


- Bibliography and protocols of RDPLF-HDD: [https://www.rdplf.org/biblio.html](https://www.rdplf.org/biblio.html)

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