

Le Bulletin de la Dialyse à Domicile

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

Une liste de diffusion infirmière au service de la communauté de la Dialyse à Domicile.
Les échanges infirmiers en Dialyse à domicile mis en lumière

Note : this is a bi-lingual publication (translated from the original French text available at : <https://doi.org/10.25796/bdd.v2i3.21353>)

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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'Etat (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 questionnaire, 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 MÉTHODS

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 (DAS-RI)?

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 public 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 compensatory 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 compensation 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 participants to the discussion was rather scarce.

We thus know that for a patient on icodextrin, the use of glucose monitors using the enzymes Glucose Dehydrogenase and PyrroloQuinolein 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, removed any risk, since this type of monitor was not marketed 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 laboratories, 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. Practices 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 complication.

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 necessary to change the extension line, before stopping antibiotics, 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 argument 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 often, the recognition of a task is related to remuneration for the hospital: following coding / quotation / billing. The content of the exchanges and the speed of the interventions 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 General List of Professional Acts (NGAP), while others consult the MIGAC database (Missions of General Interest and Contractualization Assistance). One can also refer to the coding of Acts CCAM (Common Classification of Medical Acts) Chapter 8 «Genital and Urinary System».

If we have to summarize: nothing is clear, and a reflection on this subject would be much needed.

CONCLUSIONS

The experience of some and the achievements of others allow true mutual help and transmission of essential information for the benefit of teams and patients.

Testimonies tend to show that in Peritoneal Dialysis, introduced 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 (alodp@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.

- French Language Registry of Peritoneal Dialysis and Home Hemodialysis (RDPLF-HDD): <https://www.rdplf.org>

- Link to the definition of a «mailing list»: https://en.wikipedia.org/wiki/List_of_display

- What is a mailing list: <http://www.sfndt.org/sn/eservice/lists/index.htm>

- Link to the 10 commandments of the nurses subscribed to the alloDP mailing list: <https://www.rdplf.org/103-uncategorised/836-recommendation-allodp.html>

- Registration / registration form on the alloDP nursing mailing list: <https://www.rdplf.org/allodp.html>

- Application for membership to the French Language Registry of Peritoneal Dialysis and Home Hemodialysis (RDPLF-HDD): <https://www.rdplf.org/adhesion.html>

- Bibliography and protocols of RDPLF-HDD: <https://www.rdplf.org/biblio.html>

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