

## Article

# Role of Nurse in Peritoneal Dialysis Programme

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The most important role of nursing in peritoneal dialysis (PD) is to ensure prevention of peritonitis and exit site infections by using sound policies and procedures and by educating patient to gain efficiency<sup>1</sup>. The risk factors for infection are divided into three major categories: catheter, patient and programme management. Therefore, a successful and effective management of PD requires a multidisciplinary approach with a comprehensive education and training programme and appropriate support systems<sup>2</sup>.

Most nurse-patient interactions are limited by time. Communication is usually unidirectional and brief. Patients' socioeconomic status is rarely taken into account. However, role of PD (peritoneal dialysis) nurse calls for a broader perspective. PD nurse – patient relationship runs for a very long time. It involves patient as well as his family members. Nurses in peritoneal dialysis facilitate the lifestyle adaptation of those who are coping with the impact of renal replacement therapy.

The PD nurse role is more work than anyone expects. You constantly apply your core nursing skills - diagnosing and implementing care plans on a daily basis<sup>3</sup>.

A PD nurse should be able to perform all PD procedures properly and safely, including tests to assess peritoneal membrane function (such as the peritoneal equilibration test) and tests of adequacy (such as Kt/V). She/he should be able to detect minor/major complications of PD (mechanical, nutritional, metabolic, etc.) and take the necessary nursing actions in coordination with doctors, dieticians as and when required.

She should teach patients to perform CAPD or other forms of self-care PD with confidence.

As a communicator she would require good interpersonal skills. She should patiently listen and impart skill and knowledge in a friendly and open manner. In an attempt to individualise PD training, nurses should be aware of barriers to self-care, such as decreased vision, hearing, manual dexterity, mobility, strength, language barriers, dementia or poor memory amongst other possibilities<sup>4</sup>.

As a counselor she is required to understand coping patterns of patients with different socioeconomic backgrounds. She helps the patient and his family to deal with the stress and fresh challenge they are facing. She should be able to take anger and hostility and channelize it into creating positive energy. Distress calls may have to be attended at odd hours and at times directed to the right person.

The PD nurse should develop the practice of good documentation at the patient as well as unit level. She should be well versed with daily PD charting, recording lab results and peritonitis episodes essential in building a sound PD practice. She should be able to put ideas, protocols, and steps into easily understandable language<sup>5</sup>

As a technician, she may have to do quick fixes and anticipate, solve problems in dealing with the equipments.

Resource management is also an important aspect of her work schedule which includes ordering and stocking supplies.

All PD nurses are expected to update themselves in new products and practices by attending local continuous nursing education and regional and international seminars. These provide an excellent opportunity for interaction between nurses and paramedics in the renal field to share new ideas for better management of patients.

Nurses are responsible for the bulk of PD training. While there are no studies evaluating the education or abilities of the trainer, nurses may be more likely to possess the qualities required<sup>6</sup>. International Society for Peritoneal Dialysis (ISPD) recommends that a 6- to 8-week orientation in PD and assignment to a mentor who observes the nurse performing patient education should be considered<sup>7</sup>

### Conclusion

Peritoneal Dialysis nurses work in a hectic environment where they have to multi-task well. It's a challenge to pull many loose ends together.

It's dynamic, interesting, constantly changing environment where you accomplish the task of tracking and managing many moving parts to deliver positive outcomes. It's a way of building trust and bonding with the patients and their families.

### References:

1. Prowant, B. Nursing interventions related to peritonitis. *Advanced Renal Replacement Therapy*, (1996) 3, 3.
2. Finkelstein, F.O. Structural requirements for a successful chronic peritoneal dialysis program. *2006 Kidney International, Suppl(103)*, S118–121. DOI: 10.1038/sj.ki.5001927
3. Tan PC, Morad Z Training of peritoneal dialysis nurses. *Perit Dial Int*. 2003 Dec; 23 Suppl 2:S206-9.
4. Oliver, M. J., Garg, A. X., Blake, P. G., Johnson, J. F.,

- Verrelli, M., Zacharias, J. M., Quinn, R. R. Impact of contraindications, barriers to self-care and support on incident peritoneal dialysis utilization. 2010 NDT 25(8), 2737–2744.
5. Figueiredo A E The challenges in preventing infection in peritoneal dialysis: a nurse's Renal Society of Australasia Journal, 10(3), 120-125.
6. Bernardini, J., Price, V., Figueiredo, A., Riemann, A., & Leung, D. International survey of peritoneal dialysis training programs. (2006). Peritoneal Dialysis International, 26(6), 658–663.
7. Coles, G. A., and Uttley, L. Training in peritoneal dialysis. 1994 Peritoneal Dialysis International, 14(2), 115–116.