

sooner than might be expected. Often this incorrectly raises suspicions of drug addiction, when in fact the problem is one of improper dosage (see [Family-Centered Care](#) box). In choosing and scheduling analgesics, the goal should be *prevention* of pain.

Family-Centered Care

Fear of Addiction

Although the pain during a sickle cell crisis is usually severe and opioids are needed, many families fear that their child will become addicted to the narcotic. Unfortunately, misinformed health professionals may foster this unfounded fear, which results in needless suffering. Extremely few children who receive opioids for severe pain become behaviorally addicted to the drug ([American Pain Society, 2015](#); [Howard and Davies, 2007](#); [National Institutes of Health, National Heart, Lung, and Blood Institute, Division of Blood Disease and Resources, 2002](#)). Families and older children, especially adolescents, need to be reassured that opioids are medically indicated, high doses may be needed, and children rarely become addicted.

Nursing Tip

Advise parents to be particularly alert to situations in which dehydration may be a possibility (e.g., hot weather, playing sports) and to recognize early signs of reduced fluid intake, such as decreased urinary output (e.g., fewer wet diapers) and increased thirst.

Any pain program should be combined with psychological support to help the child deal with the depression, anxiety, and fear that may accompany the disease. This includes regular visits with the child to discuss any concerns during the hospitalization and positive reinforcement of coping skills, such as successful methods of dealing with the pain and compliance with treatment prescriptions. To reduce the negative connotation associated with the term *crisis*, it is best to say *pain episode*.

If blood transfusions or exchange transfusions are given, the