relief. Techniques, such as distraction, relaxation techniques, and guided imagery (Lambert, 1999), should be combined with drug therapy to provide the child and family strategies to control pain (see Chapter 5 for further discussion of pain management strategies).

In addition to pain, children experience a variety of symptoms during their terminal course as a result of their disease process or as a side effect of medicines used to manage pain or other symptoms. These symptoms include fatigue, nausea and vomiting, constipation, anorexia, dyspnea, congestion, seizures, anxiety, depression, restlessness, agitation, and confusion (Hellsten, Hockenberry, Lamb, et al, 2000; von Lützau, Otto, Hechler, et al, 2012; Wolfe, Friebert, and Hilden, 2002). Each of these symptoms should be aggressively managed with appropriate medications or treatments and with interventions such as repositioning, relaxation, massage, and other measures to maintain the child's comfort and quality of life.

Occasionally, children require very high doses of opioids to control pain. This may occur for several reasons. Children on long-term opioid pain management can become **tolerant** of the drug, meaning that it is necessary to give more drugs to maintain the same level of pain relief. This should not be confused with **addiction**, which is a psychological dependence on the side effects of opioids. Addiction is not a factor in managing terminal pain in children. Other obvious reasons for requiring increased doses of opioids include progression of disease and other physiologic experiences of pain. It is important to understand that there is no maximum dose that can be given to control pain. However, nurses often express concern that administering doses of opioids that exceed what they are familiar with will hasten the child's death. The **principle of double effect** (Box 17-8) addresses such concerns. It provides an ethical standard that supports the use of interventions intended to relieve pain and suffering even though there is a foreseeable possibility that death may be hastened (Rousseau, 2001). In cases in which the child is terminally ill and in severe pain, using large doses of opioids and sedatives to manage pain is justified when no other treatment options are available that would relieve the pain but make the risk of death less likely (Hawryluck and Harvey, 2000; Jacobs, 2005). See Chapter 5 for an extensive