increased fiber, is usually not sufficient to promote regular bowel evacuation. However, dietary measures, such as increased fluid and fruit intake, and physical activity are encouraged. Pruritus from epidural or IV infusion is treated with low doses of IV naloxone, nalbuphine, or diphenhydramine. Nausea, vomiting, and sedation usually subside after 2 days of opioid administration, although oral or rectal antiemetics are sometimes necessary.

Both tolerance and physical dependence can occur with prolonged use of opioids (see Community Focus box). Physical dependence is a normal, natural, physiologic state of "neuroadaptation." When opioids are abruptly discontinued without weaning, withdrawal symptoms occur 24 hours later and reach a peak within 72 hours. Symptoms of withdrawal include signs of neurologic excitability (irritability, tremors, seizures, increased motor tone, insomnia), gastrointestinal dysfunction (nausea, vomiting, diarrhea, abdominal cramps), and autonomic dysfunction (sweating, fever, chills, tachypnea, nasal congestion, rhinitis). Withdrawal symptoms can be anticipated and prevented by weaning patients from opioids that were administered for more than 5 to 10 days. Adherence to a weaning protocol to prevent or minimize withdrawal symptoms from opioids is required. A weaning flowsheet (Fig. 5-9, *A*) may be used to assess the efficacy of opioid weaning in neonates (Franck and Vilardi, 1995). In older infants and young children (7 months to 10 years old) the Withdrawal Assessment Tool–1 (see Fig. 5-9, *B*) may be used to assess and monitor withdrawal symptoms in pediatric critically ill children who are exposed to opioids and benzodiazepines for prolonged periods (Franck, Harris, Soetenga, et al, 2008).

Community Focus

Fear of Opioid Addiction

One of the reasons for the unfounded but prevalent fear of addiction from opioids used to relieve pain is a misunderstanding of the differences between physical dependence, tolerance, and addiction. Health care professionals and the community often confuse addiction with the physiologic effects of opioids, when in reality these three events are unrelated.