

of burn pain. Fentanyl or alfentanil has a major advantage over morphine because of the short duration. Fentanyl can prevent over sedation after the procedure. For less painful procedures, premedication with oral morphine, oral ketamine, or milder opioids 15 minutes before the procedure may be sufficient. Depending on the patient's anxiety level, a benzodiazepine (e.g., lorazepam) before the procedure may be beneficial. For longer procedures, morphine is the mainstay of treatment. Some patients may require moderate to deep sedation and analgesia. Oral oxycodone with midazolam and acetaminophen, in addition to nitrous oxide, may be needed. IV ketamine administered at subtherapeutic doses has been one of the most extensively used anesthetics for burn patients. The dysphoria and unpleasant reactions associated with ketamine administration may be minimized with premedication with a benzodiazepine. If ketamine is used with either morphine or fentanyl, the regimen could have opioid-sparing actions and reduce the opioid-related side effects.

Psychological interventions are helpful in the treatment of burn pain. These interventions include hypnosis, relaxation training (breathing exercises, progressive muscle relaxation), biofeedback, stress inoculation training, cognitive-behavioral strategies (guided imagery, distraction, coping skills), and group and individual psychotherapy. They can be used alone or in combination. All these techniques can help the patient relax and maintain a sense of control. A major disadvantage of these interventions is they require time and discipline and often patients are too stressed, fatigued, disoriented, or sick to engage in them.

Recurrent Headaches in Children

Recurrent headaches in children can be caused by several factors, including tension, dental braces, imbalance or weakness of eye muscles causing deviation in alignment and refractive errors, sequelae to accidents, sinusitis and other cranial infection or inflammation, increased intracranial pressure, epileptic attacks, drugs, obstructive sleep apnea, and, rarely, hypertension (see [Chapter 27](#)). Other causes may include arteriovenous malformations, disturbances in cerebrospinal fluid flow or absorption, intracranial hemorrhages, ocular and dental diseases,