

*under control after three doses of IV morphine, then initiate morphine PCA and admit to hospital.*

*PCA: Loading dose of 0.1 mg/kg (maximum 8 mg); basal rate of 0.01 mg/kg and intermittent dose 0.035 mg/kg (maximum 8 mg) with the interval lockout  $\approx$ 10 minutes. A 4-hour limit 0.5 to 0.75 mg/kg with IV fluids at  $\frac{1}{2}$  maintenance rate is administered unless history of **acute chest syndrome** (ACS), then IV is at maintenance rate.*

*Once the pain is controlled (e.g., decrease swelling, using extremities, no crying when touch extremities), then gradually decrease IV analgesic. If drinking orally, at least maintenance and half fluids daily, and then may convert to home oral opioid equivalent with ibuprofen every 6 hours and discharge home. If pain remains under control and Donny is drinking fluids adequately at home, instruct the parents to continue home oral opioid every 24 hours, then stop opioid and continue to observe for any signs of pain. Continue ibuprofen for 24 hours after stopping the opioid and then stop ibuprofen with no signs of pain observed.*

### **Expected Outcome**

Donny's pain will be controlled in a timely manner.

### **Case Study (Continued)**

Donny is not eating or drinking this morning and appears lethargic in the examination room. When you question his mother regarding the last time he drank something, she remembers it was over 12 hours ago.

### **Assessment**

What are the most important signs and symptoms of dehydration