

pain, relieving discomfort, and attempting to determine the situations that precipitate attacks.

Emphasize a high-fiber diet, psyllium bulk agents, lubricants (such as mineral oil), and bowel training for pain associated with bowel patterns. Treatment may also include acid-reduction therapy for pain associated with dyspepsia; antispasmodic agents, smooth muscle relaxants, or low doses of psychotropic agents for pain. Dietary modifications may include removal of dairy products, fructose, and gluten for 2 to 3 weeks to rule out lactose intolerance, sensitivity to high sugar content, and celiac disease. Other treatments include cognitive-behavior therapy and biofeedback.

Nursing Care Management

The nurse can be instrumental in assessment and management of RAP in children. Many techniques used in a routine assessment elicit information that might help identify factors that contribute to the child's symptoms. Evaluate the child's social and psychological adjustment and obtain the details of the pain directly from the child. Questions that provide clues to parent-child relationships and the way that the family deals with angry feelings provide information for diagnosis and management. Relationships with peers, school problems, and other concerns of the child need to be explored. Note any evidence of depression.

Once the diagnosis has been established, the parents and the child need an explanation of the pain, which can be compared to a skeletal muscle cramp, "charley horse," or headache for easier comprehension. Reassurance that the symptoms are not unique to their child and that the pain is rarely associated with a severe disease can help relieve parental fears and anxieties.

Discuss a high-fiber diet with the child and family and emphasize bowel training. The child is encouraged to establish a pattern of sitting on the toilet for 10 to 15 minutes immediately after breakfast to take advantage of the increased colonic activity following meals. If necessary, have the child use stimulatory suppositories to induce early morning defecation.

After the parents are reassured that there is no organic cause for the pain, they need guidance on what to do during a pain episode. Often they feel helpless and anxious, which tends to compound the child's distress. The simple measure of having the child rest in a