

**Tolerance** occurs when the dose of an opioid needs to be increased to achieve the same analgesic effects that was previously achieved at a lower dose (see [Community Focus](#) box). Tolerance may develop after 10 to 21 days of morphine administration. Treatment of tolerance involves increasing the dose or decreasing the duration between doses.

Parents and older children may fear addiction when opioids are prescribed. The nurse should address these concerns with assurance that any such risk is extremely low. It may be helpful to ask the question, “If you did not have this pain, would you want to take this medicine?” The answer is invariably no, which reinforces the solely therapeutic nature of the drug. It is also important to avoid making statements to the family, such as “We don't want you to get used to this medicine,” or “By now you shouldn't need this medicine,” which may reinforce the fear of becoming addicted. Whereas both physical dependence and tolerance are physiologic states, addiction or psychologic dependence is a psychologic state and implies a “cause-effect” mode of thinking, such as “I need the drug because it makes me feel better.” Infants and children do not have the cognitive ability to make the cause-effect association and therefore cannot become addicted. The use of opioid analgesics early in life has not been demonstrated to increase the risk for addiction later in life. Nurses need to explain to parents the differences among physical dependence, tolerance, and addiction and allow them to express concerns about the use and duration of use of opioids. Infants and children, when treated appropriately with opioids, may be at risk for physical tolerance and physical dependence but not psychological dependence or addiction.

Decreasing opioid in children requires a systematic approach. For children on opioids for less than 5 days, decrease the opioid dose by 20% to 30% every 1 to 2 days ([Oakes, 2011](#)). For children who have been on opioids for longer than 5 to 7 days, a slower weaning is recommended: Wean by a 20% reduction on the first day, follow with opioid reductions of 5% to 10% each day as tolerated until a total daily dose of morphine (or its equivalent) of 30 mg for an adolescent or a dose of 0.6 mg/kg/day is reached ([Oakes, 2011](#)).

## Consequences of Untreated Pain in Infants