home and therefore may have developed some degree of tolerance. A different potent opioid or a larger dose of the same medication may be indicated. Because mixed opioid-agonist-antagonists may precipitate withdrawal syndromes, avoid these if patients were taking long-term opioids at home. A "passport" card with patient information about the diagnosis, previous complications, suggested pain management regimen, and name and contact information of the primary hematologist is helpful for parents and facilitates management of pain in the emergency department.

The patient is admitted for inpatient management of severe pain if adequate relief is not achieved in the emergency department. For severe pain, IV administration with bolus dosing and continuous infusion using a PCA device may be necessary. Patients requiring more than 5 to 7 days of opioids should have tapering doses to avoid the physiologic symptoms of withdrawal (dysphoria, nasal congestion, diarrhea, nausea and vomiting, sweating, and seizures). Appropriate weaning of the PCA schedules start with reduction of the continuous infusion rate before discontinuation while the patient continues to use demand doses for analgesia. Morphine-equivalent equianalgesic conversions may be used to convert continuous infusion rates to equivalent oral analgesics (see Table 5-10). Doses of long-acting oral analgesics, such as sustained release oral morphine, may also be used to replace continuous infusion dosing. The demand doses can be subsequently reduced if analgesia remains adequate.

Patients, who are administered doses of opioids that are inadequate to relieve their pain, or whose doses are not tapered after a course of treatment, may develop iatrogenic pseudoaddiction, which resembles addiction. Pseudoaddiction or clock-watching behavior may be resolved by communicating with patients to ensure accurate assessment, involving them in decisions about their pain management, and administering adequate opioid doses.

## Cancer Pain in Children

Pain in children with cancer is present before diagnosis and treatment and may resolve after initiation of anticancer therapy. However, treatment-related pain is common (Table 5-13). Pain may