

procedure, token systems, and positive reinforcement based on operant theory treatment modalities. Stress management and cognitive-behavioral strategies have also been successful. Parent training in how to avoid positive reinforcement of sick behaviors and focus on rewarding healthy behaviors is important. Over the course of several sessions, parents are educated about RAP, how to distinguish between sick and well behaviors, a reward system for well behaviors, and the importance of reinforcing relaxation and coping skills taught to children for pain management. Treatment may consist of a varying number of sessions over 1 to 6 months and may include various components, such as monitoring symptoms, limiting parent attention, relaxation training, increasing dietary fiber, and requiring school attendance. No negative side effects of symptom substitution occurred with the interventions.

## Pain in Children with Sickle Cell Disease

A painful episode is the most frequent cause for emergency department visits and hospital admissions among children with sickle cell disease (see [Chapter 24](#)). The acute painful episode in sickle cell disease is the only pain syndrome in which opioids are considered the major therapy and are started in early childhood and continued throughout adult life. A source of frustration for patients and clinicians is that most current analgesic regimens are inadequate in controlling some of the most severe painful episodes. A multidisciplinary approach that involves both pharmacologic and nonpharmacologic modalities (cognitive-behavioral intervention, heat, massage, physical therapy) is needed but not often implemented. The goals of treatment of the acute episode may not be to take all the pain away, which is usually impossible, but to make the pain tolerable to the patient until the episode resolves and to increase function and patient participation in activities of daily living ([Oakes, 2011](#)).

Patients coming to an emergency department for acute painful episodes usually have exhausted all home care options or outpatient therapy. The nurse should ask patients what the usual medication, dosage, and side effects were in the past; the usual medication taken at home; and medication taken since the onset of present pain. The patient may be on long-term opioid therapy at