

- Manipulative treatments—chiropractic, osteopathy, massage
- Energy based—Reiki, bioelectric or magnetic treatments, pulsed fields, alternating and direct currents
- Mind-body techniques—mental healing, expressive treatments, spiritual healing, hypnosis, relaxation
- Alternative medical systems—homeopathy; naturopathy; ayurvedic; traditional Chinese medicine, including acupuncture and moxibustion

The therapies that are increasingly used include herbal medicine, massage, megavitamins, self-help groups, folk remedies, energy healing, and homeopathy ([Myers, Stuber, Bonamer-Rheingans, et al, 2005](#)). CAM options are used frequently with children at the end of life and are found by their caregivers to be beneficial ([Heath, Oh, Clarke, et al, 2012](#)).

Pharmacologic Management

The [World Health Organization \(2012\)](#) states that the principles for pharmacologic pain management should include:

- Using a two-step strategy
- Dosing at regular intervals
- Using the appropriate route of administration
- Adapting treatment to the individual child

The traditional World Health Organization stepladder has been replaced with a two-step approach for use with children. This two-step strategy consists of a choice of category of analgesic medications, according to the child's level of pain severity. For children older than 3 months old with mild pain, the first step is to administer a nonopioid; nonsteroidal antiinflammatory drugs (NSAIDs) are frequently used for mild pain. A strong opioid is usually administered to children with moderate or severe pain. Morphine is the medicine of choice for the second step, although other opioids may be considered ([World Health Organization, 2012](#)). The following sections discuss the most common pain medications used in children in the nonopioid and opioid categories.