

As regarding pharmacological agents, acetaminophen is the most commonly used analgesic agent in pediatric practice. It is a mainstay for mild to moderate pain, and is often combined with opioid analgesics for patients with more severe pain (Except in the newborn period), the pharmacodynamics and pharmacokinetics of the NSAIDs in children are not much different than in adults. Children appear to have a lower incidence of renal and GIT side effects than adults even with chronic administration .For the vast majority of children, opioids provide excellent analgesia with a wide margin of safety. As a result, they may develop apnea or periodic breathing after receiving Continuous Opioid Infusions. Patient controlled analgesia (PCA) is widely used for postoperative pain relief in both children as young as 6 to 7 years of age can independently use the PCA pump

ENGLISH SUMMARY

to provide good postoperative pain relief. For younger children, NCA has recently gained popularity to permit small titrated dosing of opioids for infants and children unable to use the PCA button. A number of new topical anesthetics have recently become widely available to provide pain relief prior to the many anticipated needle stick procedures as Eutectic mixtures of local anesthetics. Vapocoolant sprays (primarily ethyl chloride) have been used for the treatment of pain since the 1950s. The myth that infants and children do not feel pain, or suffer less from it than adults can lead to under treatment of pain in children as they are unable to use words that adequately express their discomfort. Regional anesthetic techniques are commonly used in children

to decrease general anesthetic requirements and aid in Nonpharmacologic approaches for the treatment of pain in postoperative pain management. Continuous epidural analgesia via indwelling catheters can provide excellent postoperative support. For children undergoing repeated painful procedures, analgesia for infants and children of all ages undergoing more extensive abdominal and lower extremity procedures. Other cognitive-behavioral therapy interventions, which decrease anxiety and distress, can be quite effective.

regional blocks also can be used for pain management in all ages. Multimodal analgesia techniques using combinations of local anesthetics, no steroidal anti-inflammatory agents and opioids provide optimal analgesia.