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NATIONAL STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

GB/T 21709.4-2026

Replacing GB/T 21709.4-2008

Standardized manipulations of acupuncture and moxibustion - Part 4: Three-edged needle

针灸技术操作规范 第4部分：三棱针

Issued on: March 31, 2026 **Implemented on: October 1, 2026**

Issued by: State Administration for Market Regulation;
Standardization Administration of the PRC

Table of Contents

Foreword

This document complies with the provisions of GB/T 1.1-2020 "Standardization Work Guidelines Part

1.Structure and Drafting Rules of Standardization Documents". Drafting. This document is Part 4 of GB/T 21709, "Specifications for Acupuncture Techniques". GB/T 21709 has already published the following parts.

3.Ear Acupuncture;

4.Triangular Needle;

6.Acupoint Injection;

7.Dermal Needles;

8.Intradermal Needles;

9.Acupoint Application;

10.Acupoint Embedding;

11.Electroacupuncture;

15.Eye Acupuncture;

16.Abdominal Acupuncture;

17.Nasal Acupuncture;

19.Wrist-Ankle Acupuncture;

1 Scope

GB/T 21709.4-2026 is the Chinese national standard covering the three-edged needle technique - the pricking method used to release a few drops of blood at a point, with the indications, the points, the depth and the asepsis it requires. It replaces GB/T 21709.4-2008 and has been in force since 1 October 2026, under the National Administration of Traditional Chinese Medicine. It was issued on 31 March 2026 and takes effect on 1 October 2026, replacing GB/T 21709.4-2008. The document is under the responsibility of the National Administration of Traditional Chinese Medicine. This page is published from the official record of the 2026 edition; the clause text of a standard this recent is not yet in circulation, and the figures, limits and tables it contains are those of the document itself, delivered in full with the English translation.

This document specifies the operating procedures, requirements, precautions, and contraindications for using a three-edged needle. This document applies to the operation of the triangular needle technique.

4 Three-edged Needle Published on 2026-03-

31 Implemented on October 1, 2026 State Administration for Market Regulation The State Administration for Standardization issued a statement.

4.1 Preoperative preparation

4.1.1 Needle Selection Different sizes of three-edged needles should be selected according to the patient's condition and the area to be treated. The needle body should be smooth and free of rust, and the needle tip should be sharp and free of barbs.

4.1.2 Location Selection The appropriate surgical site should be selected based on the patient's condition.

4.1.3 Body Position Selection The surgical position should be chosen in a way that is comfortable for the patient and easy for the surgeon to operate in.

4.1.4 Environmental Requirements Attention should be paid to environmental cleanliness and hygiene to avoid pollution.

4.1.5 Disinfection

4.1.5.1 Needle sterilization Needles should be free of contamination and comply with WS/T 367-2012 requirements. Disposable triangular needles are recommended.

4.1.5.2 Disinfection of the affected area The surgical site can be disinfected with 75% ethanol or povidone-iodine.

4.1.5.3 Disinfection of medical staff Doctors should wash their hands thoroughly and then wipe them with 75% ethanol.

4.1.6 Wear gloves After disinfection, medical personnel should wear disposable medical rubber examination gloves.

4.2 Procedure

4.2.1 Three-edged needle pricking method Before pricking, you can use methods such as pushing, kneading, squeezing, and stroking to induce local hyperemia at or around the pricking site. During pricking, use one hand to stabilize the pricking area. Hold the needle in one hand, with the other hand holding the needle tip exposed 3mm-5mm. Quickly insert the needle into the area to be punctured and then quickly withdraw it. The needle body should remain in a constant position during insertion and withdrawal. On the same axis. After pricking, a suitable amount of blood or mucus can be released. The amount of bleeding or fluid can also be increased by squeezing.

4.2.2 Three-edged needle bloodletting method Before bloodletting, you can use methods such as pushing, kneading, squeezing, stroking, and patting on or around the puncture site. For the limbs, you can use methods to stop bleeding near the heart of the puncture site. Ligation is applied to induce local congestion. During bloodletting, one hand stabilizes the area to be punctured, while the other hand holds the needle, exposing 3mm-5mm of the needle tip, and aims it at the puncture site. After quickly inserting the needle, withdraw it, release an appropriate amount of blood, and loosen the tourniquet.

4.2.3 Three-edged needle scattered needling method Use one hand to hold the puncture site in place, and use the other hand to prick the site multiple times with the needle.

4.2.4 Three-edged needle picking method Hold the puncture site with one hand, and with the other hand, insert the needle at an angle of 15° to 30° to a certain depth, then lift the needle tip to puncture the skin or subcutaneous tissue.

Note. Cupping should be performed after the application of the three-edged needle. For cupping instructions, see GB/T 21709.5.

4.3 Postoperative care After the procedure, it is advisable to wipe or apply pressure with sterile dry cotton balls or swabs. In cases of moderate to heavy bleeding, an open container can be used to collect the bleeding, minimizing related contamination. The materials were processed in accordance with GB 39707-2020.For the measurement of bleeding volume during treatment with a three-edged needle, see Appendix A.

5 Precautions

5.1 Infection should be prevented at the operating site.

5.2 Pregnant women and postpartum women should use this treatment with caution. It is not advisable to perform the procedure when the patient is nervous, sweating profusely, or hungry.

5.3 Attention should be paid to changes in blood pressure and heart rate, and attention should be paid to the occurrence of fainting from needles or blood.

5.4 Avoid damaging major arteries.

5.5 If there is significant bleeding, the patient should rest appropriately before leaving. Medical personnel should avoid contact with the patient's blood.

6 Taboos

6.1 This medication should not be used in patients with coagulation disorders.

6.2 Needling should be avoided at sites of hemangioma and lumps of unknown origin. GB/T 21709.4-2026. Standard Operating Procedures for Acupuncture Techniques Part 4. Three-edged Needle ICS

05 National Standards of the People's Republic of China Replaces GB/T 21709.4-2008 Acupuncture Technique Operation Standards Part