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Handling methods for acupuncture abnormal conditions

针灸异常情况处理

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Foreword

GB/T 33415-2016 was issued on 30 December 2016 by the General Administration of Quality Supervision, Inspection and Quarantine and the Standardization Administration of the People's Republic of China, and has been in force since 1 July 2017. It is classified under ICS 11.020 and CCS C 00.

The document is a recommended national standard: the /T in the designation marks it as recommended rather than compulsory, which in the Chinese system means it is the method the reviewer applies rather than a legal obligation on the practitioner.

1 Scope

China's national standard for handling abnormal conditions in acupuncture and moxibustion. Acupuncture is very safe by the standards of medicine, but it is performed hundreds of millions of times a year in China, and at that volume even rare complications occur often enough to need a defined response. The events are a short and well-characterised list: fainting during treatment, which is by far the commonest; a needle that sticks, bends or breaks in the body; the lingering ache after withdrawal; pneumothorax from a needle inserted too deeply over the chest; burns from moxibustion; local infection; allergic reaction; and injury to a nerve, a blood vessel or an organ. What a standard adds to clinical training is the handling: what the practitioner does at once, in what order, and when the patient must be referred to another department. The document defines the terms, lists the adverse events and specifies the handling method for each.

This standard specifies the terms and definitions, the adverse events and the handling methods for abnormal conditions in acupuncture and moxibustion.

This standard applies to the handling operations for abnormal conditions in acupuncture and moxibustion.

2 Normative references

The following documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

WS 299-2008 Diagnostic criteria for viral hepatitis B

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1 acupuncture abnormal condition - an adverse phenomenon inconsistent with the purpose of the treatment, arising during acupuncture or moxibustion because of improper operation by the practitioner or because of the patient's own condition.

3.2 fainting during acupuncture - the sudden appearance during needling of dizziness, pallor, palpitation and shortness of breath, lassitude, nausea and cold sweat, and in some cases syncope.

3.3 sticking of needle - the phenomenon in which, during manipulation or retention, the practitioner feels the needle to be tight and finds lifting, thrusting, rotating and withdrawal difficult, and the patient feels pain.

3.4 bending of needle - the phenomenon in which the needle body forms a bend inside the body after being inserted into the point.

3.5 breaking of needle - the phenomenon in which the needle body breaks inside the tissue during needling.

3.6 lingering after acupuncture - the sensation of soreness, distension, pain or numbness that remains at the site after the needle has been withdrawn.

3.7 pneumothorax - the puncture of the parietal or visceral pleura during needling, allowing gas to enter the pleural cavity and causing cough and difficulty in breathing.

4 Adverse events

4.1 The common adverse events of acupuncture and moxibustion are: fainting during acupuncture, sticking of the needle, bending of the needle, breaking of the needle, lingering sensation, pneumothorax, burns, infection, allergy, and injury to nerves, blood vessels and organs caused by needling. The causes of abnormal conditions in acupuncture are given in Annex A.

4.2 Fainting during acupuncture is divided, according to when the symptoms appear, into immediate fainting and delayed fainting. Immediate fainting occurs during the course of the needling treatment; delayed fainting occurs after the treatment has ended, and its symptoms may appear several minutes or longer after the needles have been withdrawn.

4.3 The severity of fainting is divided into mild and severe. Mild fainting is the sudden appearance in the patient of dizziness, pallor, palpitation and shortness of breath, nausea, cold sweat and a deep thready pulse. Severe fainting adds to the mild picture cold extremities, clouding of consciousness, incontinence of urine and faeces, loss of consciousness and a faint pulse verging on absence.

5.1.1 Handling of mild fainting

Stop needling at once and withdraw all the needles. Lay the patient flat with the head slightly lowered. Attend to ventilation and to keeping the patient warm. Give warm water or sugar water to drink and let the patient lie quietly until the symptoms have gone.

5.1.2 Handling of severe fainting

On the basis of the handling above, needle Renzhong, Suliao, Neiguan and Zusanli, or apply moxibustion at Baihui, Qihai and Guanyuan. Where necessary, combine this with other emergency measures. After the condition has been relieved, allow the patient adequate rest.

5.2 Handling of sticking of the needle

Where the cause is the patient's mental tension, explain and reassure to dispel the tension, press and tap around the stuck needle, or prolong the retention time appropriately to relieve

the muscular tension.

Where the cause is excessive rotation in one direction, rotate back in the opposite direction and use the handle-scraping and handle-flicking methods.

Where the cause is that the patient has moved position, ask the patient to return slowly to the original position.

Where necessary, insert one further needle shallowly at a point distal to the stuck needle. Do not pull the needle out by force.

5.3 Handling of bending of the needle

Once the needle has bent, do not continue with lifting, thrusting or rotating.

Where the cause is that the patient has moved position, ask the patient to return slowly to the original position.

Where the needle body is slightly bent, withdraw it slowly. Where the angle of the bend is large, first relax the local tissue and skin, then withdraw the needle following the direction of the bend. Where the needle body is bent in more than one place, observe the directions of the bends and withdraw it gradually, section by section.

Do not pull the needle out by force.

5.4 Handling of breaking of the needle

Tell the patient not to move position, so that the broken needle does not sink deeper into the muscle.

Where the broken end is exposed above the surface, take the needle out with the fingers or with forceps. Where the broken end is level with the skin, press either side of the needle hole with the thumb and forefinger along the direction of the needle body so that the broken needle is exposed, and take it out with forceps. Where the broken end has sunk entirely into the muscle, refer the patient for surgical consultation.

5.5 Handling of the lingering sensation

In mild cases, press along the channel above and below the site, apply a hot compress or massage. In severe cases, apply moxibustion to the site.

5.6 Handling of pneumothorax

Withdraw the needle promptly. Where there are no obvious subjective symptoms, the patient should rest in bed and be treated symptomatically. Where the symptoms are severe, give emergency treatment immediately and refer the patient for surgical diagnosis and treatment.