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**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB/T 33415-2026

Replacing GB/T 33415-2016

**Management of adverse events in acupuncture and
moxibustion**

针灸异常情况处理

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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 replaces GB/T 33415-2016 "Handling of Abnormal Cases in Acupuncture". Compared with GB/T 33415-2016, the main differences are structural adjustments and... Aside from editorial changes, the main technical changes are as follows:

- a) The term "aftereffect" and its definition have been removed (see 3.6 in the.2016 edition), and the definition of the term "bent needle" has been changed (see 3.4 in the.2016 edition). Article 3.4) changed the term "pneumothorax" and its definition (see 3.6, 3.7 of the.2016 edition);
- b) The "Undesirable Phenomena" section (see Chapter 4 of the.2016 edition) has been deleted, and its content has been split, modified, and incorporated into the Terminology and Definitions, and Processing sections. Methods (see

3.1 and 4.1, 4.1, 4.2, and

4.3 in the.2016 edition);

c) Added procedures for comforting patients during curved needle treatment (see 4.3, 5.3 in the.2016 version);

d) The method for handling lingering feelings has been removed (see 5.5 in the.2016 version);

e) The description of the management of needle pneumothorax has been revised, clarifying the need for immediate needle removal and adding steps to reassure the patient (see 4.5,.2016 version). (5.6)

1 Scope

GB/T 33415-2026 is the Chinese national standard covering what to do when acupuncture goes wrong - fainting, a stuck or broken needle, a haematoma, a burn from moxibustion or a pneumothorax - with the recognition, the immediate handling and the prevention of each. It replaces GB/T 33415-2016 and has been in force since 1 October 2026. It was issued on 31 March 2026 and takes effect on 1 October 2026, replacing GB/T 33415-2016. 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 describes methods for handling abnormal acupuncture cases. This document applies to the handling of abnormal acupuncture cases.

2 Normative references

This document has no normative references.

3 Terms and Definitions

The following terms and definitions apply to this document.

3.1 During acupuncture treatment, situations may arise that do not align with the treatment objectives due to improper operation by the practitioner or the patient's own reasons.

Note. Common acupuncture complications include. fainting, needle retention, bent needle, broken needle, pneumothorax, burns, infection, allergies, nerve and organ damage caused by acupuncture, and improper acupuncture. Bleeding, etc. See Appendix A for the causes of abnormal acupuncture results.

3.2 During or some time after acupuncture, the patient suddenly experienced dizziness,

paleness, palpitations, shortness of breath, fatigue, and weakness. Symptoms include nausea, vomiting, cold sweats, and even fainting.

Note. Similar fainting symptoms to acupuncture fainting may also occur in other acupuncture treatments, such as cupping fainting, moxibustion fainting, and scraping fainting.

3.3 Needle stuck During acupuncture or needle retention, the practitioner may experience difficulty in inserting, lifting, twisting, and withdrawing the needle, while the patient may experience pain.

3.4 bent needle When inserting the needle or after inserting it into an acupoint, the needle body bends inside the body.

3.5 Needlebroken The phenomenon of the needle breaking off inside the muscle during acupuncture.

Note. Also known as "broken needle".

3.6 Acupuncture-induced pneumothorax When needles are inserted, the parietal or visceral pleura is punctured, causing air to enter the pleural cavity and resulting in symptoms such as chest pain and difficulty breathing.