

TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTICE GUIDELINE ON

ACUPUNCTURE

THIRD EDITION 2017



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STATEMENT OF INTENT

This practice guideline is meant to be a guide for clinical practice on acupuncture, based on the best available evidence at the time of development. Adherence to this guideline may not necessarily guarantee the best outcome in every case. Every healthcare provider is responsible for the management of his/her patient based on the clinical picture presented by the patient and the availability of treatment at the facility. This guideline will be published in the last quarter of 2017 and it will be reviewed after five years or when new evidence is available.

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THE GUIDELINE DEVELOPMENT

OBJECTIVE

This practice guideline is the third edition of the acupuncture practice guideline. It has been revised in light of the availability of new evidence since its last publication. Acupuncture service offered in the T&CM unit serve as a complementary treatment to the allopathic medicine as it is a complementary treatment, a standardised set of treatment criteria and treatment regime had been determined during the revision of this guideline. The standardisation of this service is aimed to ensure a safe mechanism for patient referral as well as facilitate assessment on the efficacy of treatment.

METHOD

A literature search was carried out using the following electronic databases: Pubmed and Cochrane Database of Systemic Reviews (CDSR). All literature on acupuncture regardless of the study design was included in the literature search. The search was limited to researches involving the use of acupuncture on humans that were published in the English language over the last decade. The search was conducted from May 2016 to March 2017. Reference was also made to existing guidelines on acupuncture such as from the World Health Organization (WHO) - Guidelines on Basic Training and Safety in Acupuncture and the Second Edition of the Acupuncture Practice Guideline (2009). A panel of experts had participated in the development of this practice guideline. The panel consisted of officers from the MOH Malaysia, academicians in the field of Traditional Chinese Medicine and local Traditional Chinese Medicine practitioners.

TARGET POPULATION

This document is intended to guide healthcare professionals in the T&CM Units of public healthcare facilities towards safe and efficient practice of acupuncture.

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The guideline was reviewed by experts within the MOH. They have contributed by evaluating the comprehensiveness of the guideline and to ensure all recommendations provided are supported by accurate interpretation of all available evidence on acupuncture

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1. INTRODUCTION TO ACUPUNCTURE

1.1 Concept of Acupuncture

Acupuncture is an important component of Traditional Chinese Medicine (TCM). Under the guidance of the basic theories of TCM, acupuncture studies meridians, collaterals, acupoints and acupuncture techniques.¹ Acupuncture is a procedure of inserting and manipulating fine filiform needles into acupoints to relieve pain or for therapeutic purposes associated with or without moxibustion.²

1.2 Meridians and Acupoints:

Meridians are the pathways through which *Qi* (vital energy) and *blood*^{*} are mobilized in the human body.¹ The acupoints are the responsive points to disease, as well as the stimulation points for acupuncture treatments. At least 361 acupuncture points have been recorded.³

The acupuncture procedure regulates the flow of energy through the meridians. Hence, acupuncture can help the body's internal organs by correcting any impairment in digestion, absorption, production and circulation of energy through the meridians.⁴

Modern science explains that needling the acupuncture points stimulates the neuro-endocrine system to release chemicals in the muscles, spinal cord and brain. These chemicals will either change the experience of pain (e.g. endogenous opioid neuropeptides) or trigger the release of other chemicals and hormones which influences the body's own internal regulating system. By stimulating the body's natural healing abilities, needling can promote physical and emotional well-being.^{2,5}

**The concept of blood is defined under the guidance of TCM basic theories. It should not be confused with the definition based on modern anatomy and physiology.*

1.3 Acupuncture Techniques

Acupuncture is considered as a form of mechanical stimulation and could be performed using various techniques.²

i) Manual

A technique known as needling is done by inserting and manipulating fine filiform needles into specific points (acupuncture points) on the body for therapeutic purposes such as pain relief. Acupuncture is often used together with moxibustion (burning of a dried medicinal plant known as moxa; *Artemisia Argyi* leaves) whereby the distal tip of the needle is wrapped in moxa and ignited.²

ii) Electro-acupuncture

Electro-acupuncture combines needling and electrical stimulation which is similar to the biological electricity produced in the human body.⁶ A small electrical charge, supplied via an acupuncture machine, is applied to the acupuncture needle.^{7, 8}

1.4 Disorders that are Commonly Treated with Acupuncture

WHO has identified more than 40 medical conditions that can be effectively treated with acupuncture (Refer **Appendix 1**).

2. ACUPUNCTURE SERVICES WITHIN T&CM UNITS, MINISTRY OF HEALTH MALAYSIA

2.1 Indications for Acupuncture in T&CM Units

Acupuncture services offered at the T&CM Units of public healthcare facilities are indicated for:

- a) Post stroke management;
- b) Chronic pain management; and
- c) Chemotherapy-induced nausea and vomiting.

2.2 Treatment Criteria

Patients who are referred for acupuncture therapy should be:

- a) 18 years and above;
- b) Able to understand and follow instructions; and
- c) Clinically stable.

2.3 Standard Operating Procedure

Patients who seek acupuncture treatment at the T&CM Units have to be referred by a registered medical doctor with a definitive diagnosis of the underlying disorder. The referring medical doctor shall provide the following information in the referral letter:

- a) Diagnosis;
- b) Co-morbidities;
- c) Medication history; and
- d) Other relevant information.

3. TREATMENT REGIME

This section provides the standardised acupuncture treatment that shall be implemented in the T&CM Units for post stroke, chronic pain and chemotherapy-induced nausea and vomiting.

3.1 POST STROKE

Definition of Stroke

Stroke is a clinical syndrome characterized by rapidly developing clinical symptoms and/or signs of focal, and at times global, loss of cerebral function, with symptoms lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin.^{9, 10}

Acupuncture has potential to be effective for post stroke recovery. Acupuncture, along with rehabilitation, was found to be superior in terms of improvement of motor function and improvement in activities of daily living (ADL) compared to rehabilitation on its own in the recovery of apoplectic hemiplegia.¹⁰ Research also shows reduced dependency in ADL in post stroke patients who received early interventions of acupuncture. The benefits can be seen when intervention is initiated 3 – 10 days after the onset of ischemic stroke, especially in terms of motor recovery.^{11, 12}

Treatment Regime for Post Stroke Patients

The acupuncture regime shall vary according to the severity of stroke. A standardised treatment regime was formulated after taking the severity and classification of stroke into consideration.

Table 2: Acupuncture treatment regime for post stroke patients

Severity of stroke	Minimum number of sessions	Frequency of treatment	Assessment	Maximum number of sessions
Mild	10	Once in 3 days	Every 10 th session	20 sessions
Moderate	20	Once in 2 days	Every 10 th session	30 sessions
Severe	30	Once in 2 days	Every 10 th session	40 sessions

**The above recommended regime may be modified based on either the practitioner's assessment on the patient's response to the prescribed treatment or the point that the patient's condition has shown improvement.*

Assessment of Patient's Response to Acupuncture Treatment

The patient's response to acupuncture shall be monitored during each follow-up visit and through periodic reassessments. The Modified Barthel Index (MBI) is recommended for this assessment (Refer **Appendix 2**). Immediate assessment is pertinent if new symptoms appear during the course of treatment.

3.2 CHRONIC PAIN

Definition of Chronic Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.¹³ Chronic pain is a disease of the nervous system and persists after recovery from the acute injury or disease.¹⁴ The duration of chronic pain is usually more than 3 months. Acupuncture is considered to be one of the options of complementary treatment for chronic pain.¹⁴

Common disorders related to chronic pain predispositions include:¹⁴

- i. Headache;
- ii. Low back pain;
- iii. Cancer pain;
- iv. Arthritis pain;
- v. Chronic pancreatitis;
- vi. Chronic abdominal pain from 'adhesion colic';
- vii. Neuropathic pain (e.g. post-herpetic neuralgia, diabetic peripheral neuropathy, post spinal cord injury pain and central post-stroke pain).

Treatment Regime for Chronic Pain

The acupuncture regime for chronic pain is based on the individual patient's response to treatment. The following treatment regime was developed to standardise acupuncture treatment at T&CM Units in public healthcare facilities.

Table 3: Acupuncture treatment regime for chronic pain patients

Diagnosis	Minimum number of sessions	Frequency of treatment	Assessment	Maximum number of sessions
Chronic pain	5	Every day or alternate days	5 th session	10 sessions

**The above recommended regime may be modified based on either the practitioner's assessment on the patient's response to the prescribed treatment or the point that the patient's condition has shown improvement.*

Assessment of Patient's Response to Acupuncture Treatment

The patient's response to acupuncture treatment should be monitored during each follow-up visit and through periodic reassessments. The Visual Analogue Scale (VAS) is recommended to monitor the outcome of acupuncture treatment for chronic pain. Self reporting is the most reliable method for detection and management of pain.¹⁴ (Refer **Appendix 3**).

3.3 CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING (CINV):

Definition of CINV

Nausea and vomiting are common symptoms of digestive or more generalised side effects related to chemotherapy. CINV is classified according to the time relative to chemotherapy administration when nausea, retching or vomiting occurs.¹⁵

There is evidence to demonstrate that acupuncture has a positive effect in minimizing nausea and vomiting in cancer patients receiving chemotherapy treatment.¹⁵ Incidence of emesis was noted to be lower in patients receiving electro-acupuncture compared to those receiving acupuncture only.^{16, 17}

Table 4: Classification of CINV¹⁵

Classification	Description
Anticipatory	Occurs prior to the administration of chemotherapy
Acute	Occurs within 24 hours after a chemotherapy dose
Delayed	Occurs 24 hours or more after a chemotherapy dose
Breakthrough	Vomiting, retching or nausea during any phase of the chemotherapy cycle despite antiemetic prophylaxis

Treatment Regime for CINV

The acupuncture regime for CINV is based on the individual patient's response to treatment. The following treatment regime was developed to standardise acupuncture treatment at T&CM Units in public hospitals.

Table 5: Acupuncture treatment regime for CINV patients

Minimum number of sessions	• One session or according to the chemotherapy regime
Breakdown of sessions	• Acupuncture treatment is given 20 minutes to two hours PRIOR to chemotherapy. • Electro-acupuncture on bilateral PC6 (Nei Guan) and ST36 (Zu San Li)
Assessment	• Assessment done at day one and day five post chemotherapy using the Multinational Association of Supporting Care in Cancer (MASCC) Antiemesis Tool (MAT)
Maximum number of sessions	• No maximum number of sessions. • Acupuncture can be given at the beginning until the completion of planned chemotherapy cycles

**The above recommended regime may be modified based on either the practitioner's assessment on the patient's response to the prescribed treatment or the point that the patient's condition has shown improvement.*

Assessment of Patient's Response to Acupuncture Treatment

The patient's response to the treatment regime and the severity of emesis should be monitored carefully during each follow-up visit or session of chemotherapy intervention. To evaluate this, the MASCC Antiemesis Tool (MAT) is recommended. **The MASCC Antiemetic Tool is referenced with permission from the Multinational Association of Supportive Care (Refer Appendix 4).*

4. SAFETY AND ADVERSE EVENTS

In competent hands, acupuncture is generally a safe procedure with few contraindications or complications.¹⁸ However, the needling procedure and its effects should always be explained to the patients prior to commencement of treatment.

4.1 Precautions¹⁸

Practitioners should exercise caution when treating certain groups of patients, especially those with the following conditions:

a) Pregnancy

Acupuncture may induce labour and therefore, should not be performed in the second and third trimester. However, should there be a strong indication for acupuncture to be performed, it can still be carried out on pregnant women at all gestational ages provided strict precautions are taken to avoid certain acupuncture points that may induce contraction of the uterus. This includes acupuncture points at lower back and lower abdomen.

b) Bleeding Disorders

Needling should be avoided in patients with bleeding and clotting disorders. Patients who are on anticoagulant therapy or taking drugs with an anticoagulation effect require prior consultation and referral by a medical doctor. Relevant blood tests may be taken before proceeding for acupuncture treatment.

c) Malignant Tumours

Acupuncture should not be used for the treatment of malignant tumors. In particular, acupuncture at the tumour site should be prohibited. However, acupuncture may be used as a complementary measure in combination with other treatments e.g. for the relief of pain or other symptoms; or to alleviate side effects of chemotherapy and radiotherapy.

4.2 Contraindications¹⁸

Acupuncture is contraindicated in patients with the following conditions:

a) Medical and surgical emergencies

- Uncontrolled diabetes
- Cardiac arrhythmias

b) Severe and uncontrollable neurological conditions

- Uncontrollable epilepsy
- Athetoid patients or movements

c) Cardiac pacemaker or any devices that emit electrical frequency

(Contraindicated for electro-acupuncture)

d) Diagnosed with skin conditions

- Undiagnosed lump, warts, moles
- Infected skin
- Allergic to metal

4.3 Adverse Effects

The list of adverse effects is referenced from the WHO Guidelines on Basic Training and Safety in Acupuncture.

4.3.1 Pain

a) During Insertion of Acupuncture Needle

In most patients, skillful and rapid penetration of the acupuncture needle through the skin is painless. Pain during insertion is usually due to poor technique, usage of hooked or thick needles. Therefore, proper technique and exertion of optimum force could avoid pain during insertion of acupuncture needle.

b) After Insertion of Acupuncture Needle

Pain can occur in three ways. First, pain can occur when a needle is inserted deep into the tissues and accidentally hits the pain receptors. In that case, the needle should be lifted until it is just beneath the skin and carefully reinserted in a different direction. Pain can also occur during the manipulation of the acupuncture needle (rotation, lifting, thrusting) when the needle is entwined with fibrous tissue. This may be relieved by gently rotating

the needle back and forth until the entwined tissue is released. Lastly, pain occurs when a placed needle curves with the patient's movement. This may be relieved by instructing the patient to return to his/her original position.

c) After Withdrawal of Acupuncture Needle

Pain that follows the withdrawal of the acupuncture needle is often due to poor manipulative skills or excessive stimulation of the acupuncture point. For mild pain, pressure on the affected area helps. For severe pain, moxibustion and pressure can be applied over the affected area.

4.3.2 Fainting

During acupuncture treatment, the patient may feel dizzy or lightheaded. For those receiving acupuncture for the first time, treatment should be given while the patient is in a lying position with gentle manipulation of the acupuncture needle. If warning symptoms appear (e.g. feeling unwell, giddiness, spinning sensation or weakness), remove the needles immediately and lay the patient flat in a Trendelenburg position (with legs raised higher than the head) as the symptoms are probably due to a transient, insufficient blood supply to the brain. The symptoms usually disappear after a short rest. If the symptoms persist, patients should be referred for emergency medical assistance.

4.3.3 Burning During Moxibustion

Burning of the skin can be prevented using indirect moxibustion. Direct moxibustion should not be applied to points on the face or at sites where tendons or large blood vessels are located. Special care should be taken in patients with sensory impairment, psychotic disorders, and purulent dermatitis or in areas of impaired blood circulation.

4.3.4 Local Infection

Negligence in using strict aseptic techniques may cause local infection. In an event that a local infection is evident, appropriate measures must be taken immediately and the patient should be referred for further medical treatment.

4.3.5 Stuck Needle

In an event of a stuck acupuncture needle, the patient should be asked to relax. If the cause is excessive rotation in one direction, the condition should be relieved by rotating the needle in the opposite direction. If the stuck needle is due to muscle spasm, the needle can be left in place for a while and withdrawn by rotating or massaging around the point. If the stuck needle is caused by the patient having changed his/her position, the original posture should be resumed and the needle withdrawn.

4.3.6 Injury to Vital Organs

Incorrect insertion of acupuncture needles may cause injuries to vital organs. Therefore, special care should be taken in needling points in proximity to vital organs or sensitive areas. In most instances, these can be avoided if adequate precautions are taken. Accidental injury to a vital organ requires urgent medical or surgical assistance.

4.3.7 Convulsions

Patients with a history of convulsions should be carefully observed during treatment. If convulsions occur during the course of treatment, the practitioner should remove all needles and render first aid. If the condition does not stabilize rapidly or if convulsions persist, the patient should be referred for further medical assistance.

5. GOOD PRACTICE

5.1 Hand Washing

Based on WHO 5 Moments in Hand Hygiene, healthcare providers should always wash their hands (Refer **Appendix 4**):¹⁹

- a) Before touching a patient;
- b) Before clean or aseptic procedure;
- c) After body fluid exposure risk;
- d) After touching a patient; and
- e) After touching patient surroundings.

Gloves should not be regarded as a substitute for hand hygiene. An alcohol rub or hand wash should be performed after removing gloves and before sterile gloves are worn.

5.2 Preparation of the Acupuncture Site

The needling site should be clean, free from cuts, wounds or infections. The needling site should be swabbed with 70-75% ethyl or isopropyl alcohol from the centre to the surrounding area using a rotary scrubbing motion and allowed to dry.²⁰

5.3 Disposal of Acupuncture Needles¹⁸

The following are important measures during the handling of acupuncture needles:

- a) Sharps shall not be passed from hand to hand;
- b) Handling of sharps should be kept to a minimum;
- c) Needles shall not be broken or bent before usage or disposal;
- d) Needles should not be resheathed by hand;
- e) Healthcare personnel should take personal responsibility for any sharps used and should dispose them in a designated container at the point of use (You Use, You Throw);
- f) Sharps container should not be more than three quarters full and stored in an area away from the public and children;
- g) Sharps container must be adequately and strategically placed. It should be consistent with work process and placed close to the point of use;
- h) Safety devices should be considered whenever possible;
- i) Healthcare personnel should be aware of the sharps injury policy at the facility.

5.4 Aseptic Needle Technique

The needle shaft must be maintained in a sterile state prior to insertion. Needles should be manipulated in such a way that the practitioner's fingers do not touch the shaft. If it is difficult to insert a long needle, for example the use of GB 30 (Huan Tiao) or BL 54 (Zhi Bian), the shaft can be held in place with a sterile cotton wool ball or swab.

Upon withdrawing a needle, a sterile cotton wool ball can be used to press the skin at the insertion site. All compresses or cotton wool balls which are contaminated with blood or body fluids must be discarded in a special container for infectious waste.²⁰

APPENDICES

Appendix 1: Summary of diseases and disorders that can be treated with Acupuncture (World Health Organization, Acupuncture: Review and Analysis of Report on Controlled Clinical Trials, 2002)

1. Diseases, symptoms or conditions for which acupuncture has been proved (through controlled trials) to be an effective treatment		
-Facial pain (including craniomandibular disorders)	-Biliary colic	-Adverse reactions to radiotherapy and/or chemotherapy
-Osteoarthritis	-Dysentery, acute bacillary	-Hypertension
-Low back pain	-Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis, and gastrospasm)	-Hypotension
-Sciatica	-Nausea and vomiting	-Leukopenia
-Postoperative pain	-Depression (including depressive neurosis and depression following stroke)	-Allergic rhinitis (including hay fever)
-Sprain	-Malposition of fetus	-Stroke
-Lateral Epicondylitis (tennis elbow)	-Induction of labour	-Headache
-Orthodontic pain (including temporomandibular dysfunction)		-Dysmenorrhoea,
-Periarthritis of shoulder		-Morning sickness
-Rheumatoid arthritis		
2. Diseases, symptoms or conditions for which the therapeutic effect of acupuncture has been shown but for which further proof is needed		
-Abdominal pain (in acute gastroenteritis or due to gastrointestinal spasm)	-Male sexual dysfunction, non-organic	-Obesity
-Cholecystitis, chronic, with acute exacerbation	-Retention of urine, traumatic	-Hyperlipaemia
-Cholelithiasis	-Recurrent lower urinary-tract infection	-Sjögren syndrome
-Ulcerative colitis	-Prostatitis, chronic	-Diabetes mellitus, noninsulin-dependent
-Osteoarthritis	-Urolithiasis	-Raynaud syndrome, primary
-Pain due to endoscopic examination	-Alcohol dependence and detoxification	-Bronchial asthma
-Pain in thromboangiitis obliterans	-Competition stress syndrome	-Female infertility
	-Tobacco dependence	-Premenstrual syndrome
	-Cardiac neurosis	-Polycystic ovary syndrome
		-Female urethral syndrome
		-Hypo-ovarianism

-Radicular and pseudoradicular pain syndrome	-Opium, cocaine and heroin dependence	-Labour pain
-Gouty arthritis	-Insomnia	-Lactation, deficiency
-Tietze syndrome	-Sialism, drug-induced	-Ear ache
-Cancer pain	-Schizophrenia	-Epistaxis, simple (without generalized or local disease)
-Post extubation in children	-Bell's palsy	-Ménière disease
-Post operative convalescence	-Neuralgia, post-herpetic	-Vascular dementia
-Acne vulgaris	-Neurodermatitis	-Tourette syndrome
-Pruritus	-Facial spasm	
3. Diseases, symptoms or conditions for which there are only individual controlled trials reporting some therapeutic effects, but for which acupuncture is worth trying because treatment by conventional and other therapies are difficult		
-Chloasma	-Hypophrenia	Pulmonary heart disease, chronic
-Choroidopathy, central serous	-Irritable colon syndrome	
-Colour blindness	-Neuropathic bladder in spinal cord injury	-Small airway obstruction
-Deafness		
4. Diseases, symptoms or conditions for which acupuncture may be tried provided the practitioner has special modern medical knowledge and adequate monitoring equipment		
-Breathlessness in chronic obstructive pulmonary disease	-Convulsions in infants	-Encephalitis, viral, in children, late stage
-Coma	-Coronary heart disease (angina pectoris)	-Paralysis, progressive bulbar and pseudobulbar
	-Diarrhoea in infants and young children	

Appendix 2: Modified Barthel Index (MBI)

*Preferably performed by different assessors for each reassessment

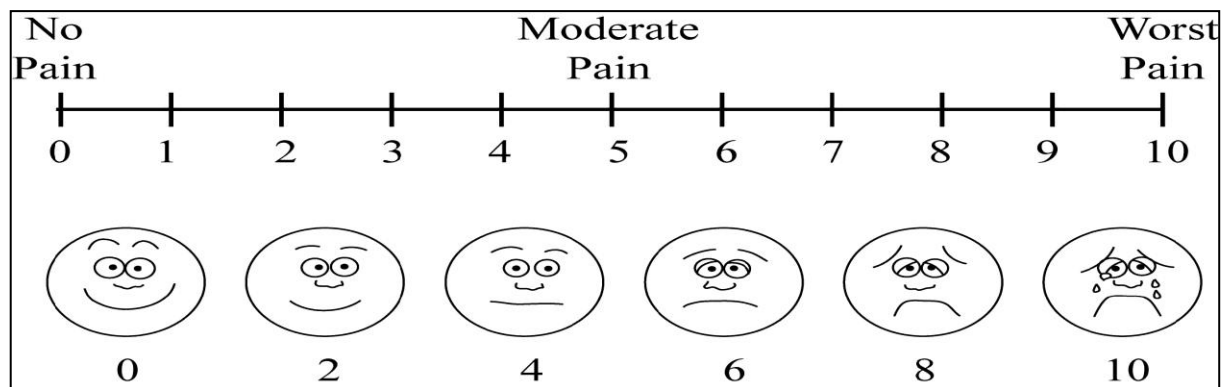
Index item	Score	Description
Chair/Bed Transfers	0	Unable to perform task
	3	Substantial help required
	8	Moderate help required
	12	Minimal help required
	15	Fully independent
Ambulation	0	Unable to perform task
	3	Substantial help required
	8	Moderate help required
	12	Minimal help required
	15	Fully independent
Ambulation / wheelchair * (If unable to walk) Only use this item if the patient is rated "0" for Ambulation, and then only if the patient has been trained in wheelchair management	0	Unable to perform task
	1	Substantial help required
	3	Moderate help required
	4	Minimal help required
	5	Fully independent
Stair climbing	0	Unable to perform task
	2	Substantial help required
	5	Moderate help required
	8	Minimal help required
	10	Fully independent
Toilet	0	Unable to perform task
	2	Substantial help required
	5	Moderate help required
	8	Minimal help required
	10	Fully independent
Bowel control	0	Unable to perform task
	2	Substantial help required
	5	Moderate help required
	8	Minimal help required
	10	Fully independent
Bladder control	0	Unable to perform task
	2	Substantial help required
	5	Moderate help required
	8	Minimal help required
	10	Fully independent
Bathing	0	Unable to perform task
	1	Substantial help required
	3	Moderate help required
	4	Minimal help required
	5	Fully independent

Dressing	0	Unable to perform task
	2	Substantial help required
	5	Moderate help required
	8	Minimal help required
	10	Fully independent
Personal hygiene (Grooming)	0	Unable to perform task
	1	Substantial help required
	3	Moderate help required
	4	Minimal help required
	5	Fully independent
Feeding	0	Unable to perform task
	2	Substantial help required
	5	Moderate help required
	8	Minimal help required
	10	Fully independent

MBI Scoring

MBI Total Score	Dependency Level	Hours of Help Required per Week
0 - 24	Total	27.0
25 - 49	Severe	23.5
50 - 74	Moderate	20.0
75 - 90	Mild	13.0
91 - 99	Minimal	<10.0

Appendix 3: Numerical Pain Score and Visual Analogue Scale (VAS) Symptom Score



Appendix 4: MASCC Antiemesis Tool

Please fill this out the day after chemotherapy on:

Day:	Month:	Day of Week:
------	--------	--------------

Nausea and Vomiting during the first 24 hours after chemotherapy:
(This page refers to the first 24 hours following chemotherapy):

1) In the 24 hours since chemotherapy, did you have any **vomiting**? Yes ☐ No ☐
(Select one)

2) If you vomited in the 24 hours since chemotherapy, how many **times** did it happen? (Write the number of times in this box)

3) In the 24 hours since chemotherapy, did you have any **nausea**? Yes ☐ No ☐
(Select one)

4) If you had nausea, please circle or enter the number that most closely resembles your experience. (Write the number of times in this box)
How much nausea did you have in the last 24 hours?

0 1 2 3 4 5 6 7 8 9 10
None As much as possible

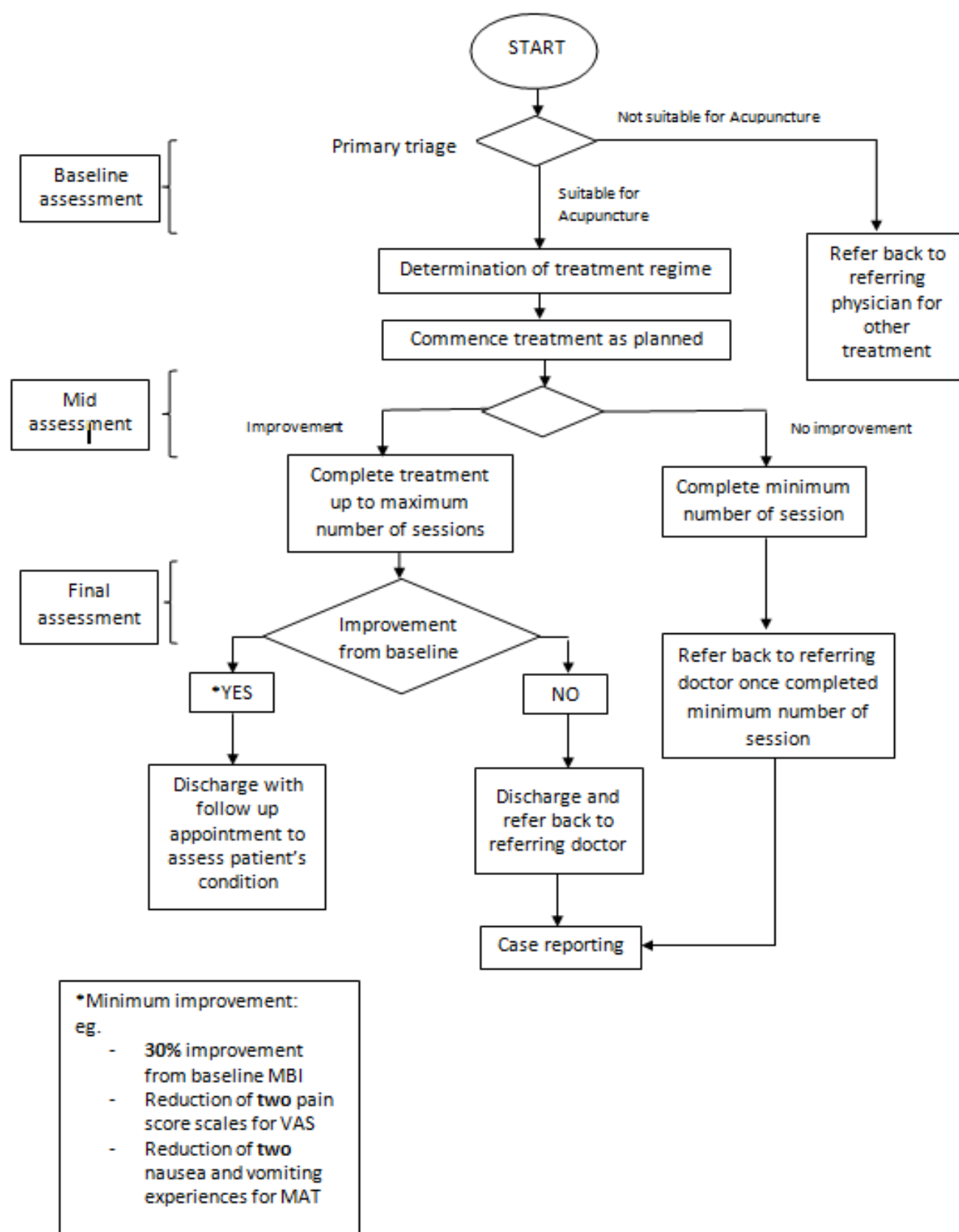
MASCC Antiemesis Tool

This page asks about the period from the day after to 4 days after chemotherapy.
So it asks about the time after the first 24 hours.

Please fill this out four days after chemotherapy on:

Day:	Month:	Day of Week:																																	
<i>Delayed Nausea and Vomiting</i>																																			
5) Did you vomit 24 hours or more after chemotherapy?		Yes ☐ No ☐ (Select one)																																	
6) If you vomited during this period, how many times did it happen?		(Write the number of times in this box) 																																	
7) Did you have any nausea 24 hours or more after chemotherapy?		Yes ☐ No ☐ (Select one)																																	
8) If you had nausea, please circle or enter the number that most closely resembles your experience. How much nausea did you have over this time period?		(Write the number of times in this box) 																																	
<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr><tr><td colspan="11"> </td></tr><tr><td colspan="11">None As much as possible</td></tr></table>			0	1	2	3	4	5	6	7	8	9	10												None As much as possible										
0	1	2	3	4	5	6	7	8	9	10																									
None As much as possible																																			

Appendix 5: Flow Chart for Assessing Acupuncture Treatment Regime



Appendix 7: Acupuncture Screening Form²¹

To be filled in by a Medical Personnel

TRADITIONAL AND COMPLEMENTARY MEDICINE UNIT**HOSPITAL _____****SCREENING FORM**

Name:	NRIC:	R/N:														
Address:	Age:	Sex:														
	Birth date:	Date: Time:														
Patient's Diagnosis:																
Chief Complaints:																
Past Medical History: <table border="1"><tr><td>Hypertension</td><td></td></tr><tr><td>Diabetes Mellitus</td><td></td></tr><tr><td>Heart Disease</td><td></td></tr><tr><td>Epilepsy</td><td></td></tr><tr><td>Asthma</td><td></td></tr><tr><td>Cancer</td><td></td></tr><tr><td>Others:</td><td></td></tr></table>		Hypertension		Diabetes Mellitus		Heart Disease		Epilepsy		Asthma		Cancer		Others:		Past Surgical History:
Hypertension																
Diabetes Mellitus																
Heart Disease																
Epilepsy																
Asthma																
Cancer																
Others:																
Investigations Results <i>*if available:</i>	Medication History:															
	Allergies:															

VITAL SIGNS																																												
<u>PHYSICAL EXAMINATION</u> Blood pressure (mmHg) : Pulse rate : Temperature : Capillary Blood Glucose (for DM : cases only)																																												
CONTRAINDICATIONS FOR ACUPUNCTURE																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">CONDITIONS</th> <th style="text-align: center; padding: 5px;">YES</th> <th style="text-align: center; padding: 5px;">NO</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">Epilepsy</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Using cardiac pacemaker or any devices that emit electrical frequency</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Bleeding tendencies</td><td></td><td></td></tr> <tr><td style="padding: 5px;">On anticoagulants</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Unstable cardiac arrhythmias/heart failure</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Pregnancy</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Malignant tumour</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Unstable Diabetes Mellitus</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Broken/fragile/thin/swollen skin, eczema/infected skin</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Undiagnosed lump, warts, moles</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Unstable haemorrhagic stroke</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Allergies to metal in needles</td><td></td><td></td></tr> <tr><td style="padding: 5px;">Any other symptoms</td><td></td><td></td></tr> </tbody> </table>	CONDITIONS	YES	NO	Epilepsy			Using cardiac pacemaker or any devices that emit electrical frequency			Bleeding tendencies			On anticoagulants			Unstable cardiac arrhythmias/heart failure			Pregnancy			Malignant tumour			Unstable Diabetes Mellitus			Broken/fragile/thin/swollen skin, eczema/infected skin			Undiagnosed lump, warts, moles			Unstable haemorrhagic stroke			Allergies to metal in needles			Any other symptoms				
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Allergies to metal in needles																																												
Any other symptoms																																												
SUITABLE FOR TREATMENT																																												
☐ Yes ☐ No																																												
Name of Medical Practitioner: Signature: Date:																																												

PART A: TO BE FILLED BY A MEDICAL PRACTITIONER

	TRADITIONAL & COMPLEMENTARY MEDICINE UNIT HOSPITAL _____										
ACUPUNCTURE FORM											
INFORMATION											
Name :	Identification Number : Age :										
Address :	Registration Number : Gender :										
Postcode : State :	Tel : Race :										
REFERRED FROM / TO											
VITAL SIGNS											
Blood pressure :	mmHg Weight : kg Height : cm										
Pulse Rate :	per min Temp : °C Glucose : mmol/L										
PAIN SCORE (please circle the appropriate box)	0	1	2	3	4	5	6	7	8	9	10
	No pain Discomfort Interfere with daily activities Moderate pain Severe pain										
PATIENT'S HISTORY											
STROKE HISTORY						RISK FACTOR Please tick the appropriate box					
Date						Self	Family	Past Medical History			
First Episode 								Hypertension			
								Diabetes Mellitus			
Recurrent Episode 								Heart Disease			
								Type : Dyslipidemia			
								Smoker Ex smoker ☐			
TREATMENT RECEIVED Please tick the appropriate box											
Type of Treatments						Yes	No	Please state			
Rehabilitation <i>Hospital/Department :</i>											
Traditional method of therapies											
Medications											
Herbal therapies											

PART B: TO BE FILLED BY ACUPUNCTURIST (TRADITIONAL CHINESE MEDICINE ASSESSMENT)

GENERAL ASSESSMENT				
1. Body Appearance ☐ Normal ☐ Waddling gait ☐ Heavy leg ☐ Crawling ☐ Curling while resting ☐ Unable to lie flat ☐ Others				Remarks
2. Skin Complexion ☐ Normal ☐ Dry skin ☐ Dry basal scalp ☐ Periodic flush ☐ Skin patches ☐ Rashes ☐ Yellowish discolouration ☐ Bluish ☐ Others				
3. Face Appearance ☐ Normal ☐ Unkempt ☐ Ungroomed ☐ White ☐ Yellowish ☐ Flushed cheeks ☐ Pale ☐ Cyanosed ☐ Others				
4. Emotions ☐ Normal ☐ Sad ☐ Depressed ☐ Worried ☐ Anxious ☐ Angry ☐ Irritable ☐ Confused ☐ Exhausted ☐ Pessimistic ☐ Panic attacks ☐ Delirious ☐ Happy ☐ Others				
5. Breathing Pattern ☐ Normal ☐ Short of breath ☐ Tightness of breath ☐ Difficult ☐ Weak ☐ Noisy ☐ Others				
6. Cough ☐ Productive ☐ Yes ☐ No ☐ Dry ☐ Occasional				
7. Phlegm ☐ Yes ☐ No				
Thickness	Volume	Colour	Others	
8. Tongue Reading				
Coating		Appearance	Vessel	
☐ Thin ☐ Thick	Appearance		Colour	
Colour	Size		Appearance	

GENERAL ASSESSMENT	
1. Tone of Voice ☐ Normal ☐ Sore voice ☐ Harsh voice ☐ Faint/Low voice ☐ Loss of voice ☐ Delirious speech ☐ Hiccup ☐ Groaning ☐ Others	Remarks/Description
2. Smell ☐ No ☐ Yes , please describe :	
3. Cold/Warm ☐ Normal ☐ Cold ☐ Chills and rigors ☐ Cold hands/feet ☐ Fear of cold ☐ Fever/ calm ☐ Fever/ irritable ☐ Periodical heat ☐ Others	
HISTORY TAKING	
4. Sleep Patterns ☐ Normal ☐ Insomnia ☐ Take naps ☐ Sleep during daytime ☐ Dreams ☐ Others	
Falling Asleep ☐ Normal ☐ Sometimes difficult ☐ Always difficult ☐ Difficulty in returning to sleep upon waking up in the middle of the night ☐ Others	
5. Appetite and Digestion ☐ Normal ☐ Constantly hungry ☐ Poor appetite ☐ No appetite ☐ Nausea ☐ Bloating ☐ Bloating after eating ☐ Gas ☐ Others	
6. Bowel Movement ☐ Normal ☐ Constipation ☐ Loose ☐ Watery ☐ Incomplete ☐ Hard and dry ☐ With mucus ☐ With blood ☐ Hard stool followed by normal stool ☐ Uncontrolled motion ☐ Colostomy in situ/bag ☐ Others	
7. Drinking ☐ Normal ☐ Thirsty ☐ Drink a lot ☐ Dry mouth ☐ Dry mouth but no desire to drink ☐ Desire warm drinks ☐ Desire cold drinks ☐ Not thirsty but drink a lot ☐ Others	
8. Sweating ☐ Normal ☐ Sweat easily ☐ Sweat too much ☐ Sweat too little ☐ Night sweats ☐ Over sweat ☐ Half body sweating ☐ No sweat ☐ Sweating over palms/feet ☐ Sweating during sleep ☐ Others	

HISTORY TAKING			
9. Urination ☐ Normal ☐ Difficult ☐ Frequent ☐ Painful ☐ Burning ☐ Urgency ☐ Retention ☐ Prolonged ☐ Cloudy ☐ Bloody ☐ Tea coloured ☐ Foul smelling ☐ Others Amount of voiding per day : per night : • Volume ☐ Long ☐ Short			Remarks/Description
10. Hearing ☐ Normal ☐ Reduced ☐ Tinnitus ☐ Deaf			
11. Vision ☐ Normal ☐ Blurred ☐ Total Blindness ☐ Others			
12. Gynaecological History Menses ☐ Regular ☐ Irregular ☐ No menses ☐ Vaginal discharge Obstetric History ☐ Pregnancy ☐ History of delivery ☐ History of miscarriage			
13. Body Weight ☐ Normal ☐ Obese ☐ Skinny ☐ Others			
14. Pain			
Site	Character	Radiate	Onset
Duration	Progression	Aggravating factors	Relieving factors
15. Other Complaints			
EXAMINATIONS			
16. Pulse reading			
Type of Pulse		Touching	
		• Abdominal ☐ Discomfort ☐ Comfort • Chest ☐ Discomfort ☐ Comfort	

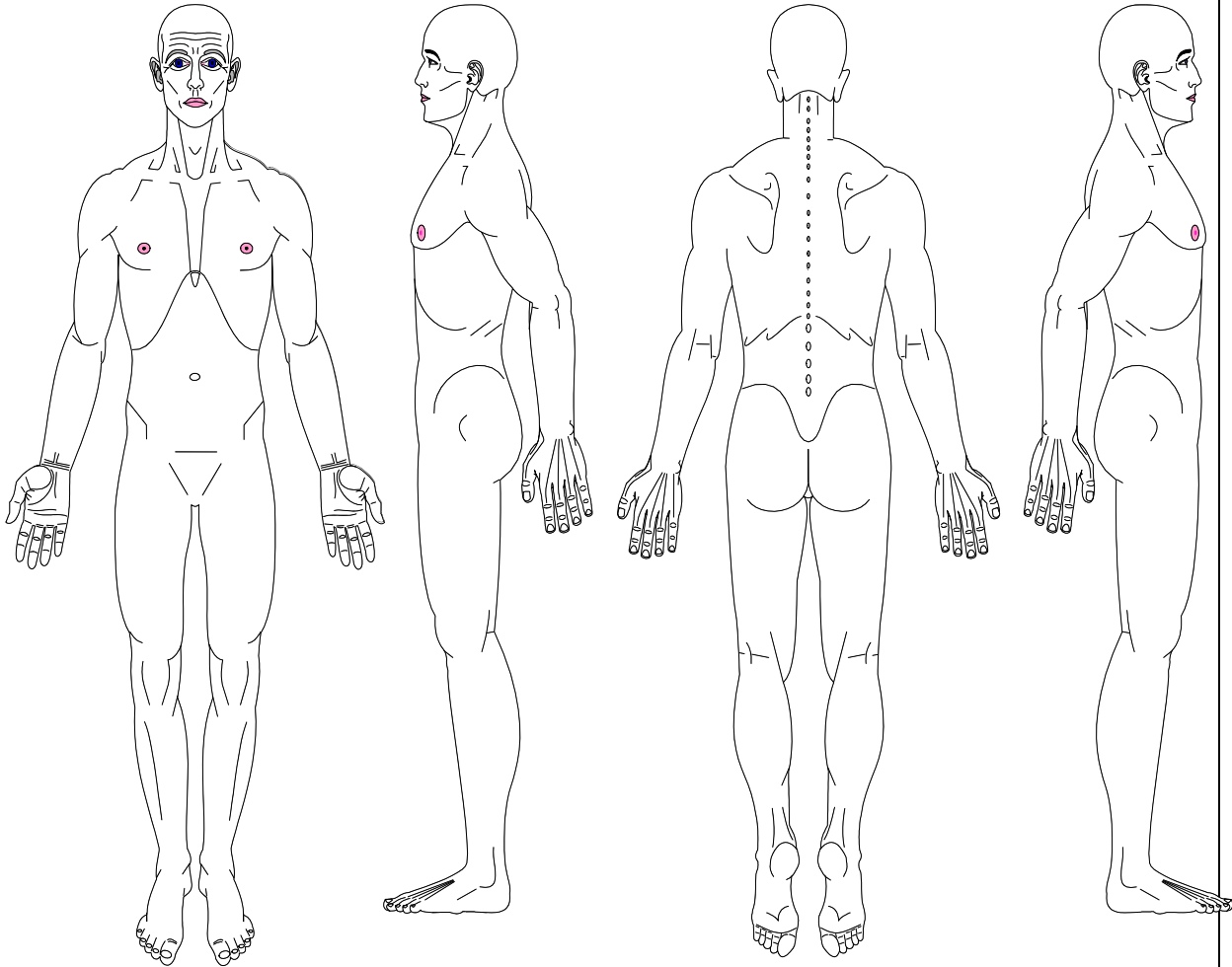
TRADITIONAL CHINESE MEDICINE DIAGNOSIS

•Zang Fu dysfunction : •Qi dysfunction : •Blood dysfunction : •Five elements : •Others :	8 principle : ☐ Yin ☐ Yang ☐ Hot ☐ Cold ☐ Internal ☐ External ☐ Deficiency ☐ Excessive
--	---

Diagnosis :

Symptoms of
Differential :

ACUPUNCTURE POINTS



NEEDLE CHECK

☐ Needle Check completed
 No. of needles inserted _____
 No. of needles removed _____

Witness to instrument count

Signature :
 Name :
 Date :

REMARKS

PRACTITIONER'S DETAILS

Practitioner's name :
 Signature :
 Date :

Appendix 8: Acupuncture Consent Form (Bahasa Melayu)²¹

Borang Keizinan Rawatan Akupunktur

Sila baca maklumat ini dengan teliti. Rujuk kepada pengamal anda jika terdapat perkara yang tidak anda fahami.

Apakah itu Akupunktur? Akupunktur merupakan satu bentuk terapi di mana jarum-jarum halus ditusuk melalui titik-titik spesifik pada anggota badan pesakit. Adakah ianya selamat? Secara amnya, amalan akupunktur merupakan satu prosedur yang selamat. Semua pengamal akupunktur akan menggunakan jarum-jarum pakai buang yang steril. Adakah ianya mempunyai kesan sampingan? Anda perlu mengetahui bahawa: • Pening atau gayat selepas rawatan dilakukan boleh terjadi kepada sebilangan kecil pesakit. Sekiranya ia berlaku, anda dinasihatkan supaya berehat seketika sebelum meninggalkan bilik rawatan; • Pendarahan kecil atau lebam boleh berlaku kepada 3% pesakit dari jumlah pesakit yang menerima rawatan akupunktur; • Kesakitan ketika rawatan boleh berlaku kepada 1% pesakit dari jumlah pesakit yang menerima rawatan akupunktur; • Sesetengah pesakit juga berkemungkinan pitam, terutamanya bagi pesakit yang menjalani rawatan kali pertama. Peringatan kepada Wanita Hamil: Semua pesakit wanita haruslah memberitahu doktor sekiranya mereka tahu ataupun sekadar mengesyaki bahawa diri mereka hamil. Ini kerana sesetengah kaedah terapi yang digunakan mungkin membawa kepada risiko keguguran.	Adakah terdapat maklumat-maklumat lain yang perlu dimaklumkan kepada pengamal/Doktor? Selain daripada maklumat perubatan yang biasa, adalah amat penting bagi anda memberitahu pengamal sekiranya anda: Sila tanda (✓) pada kotak yang berkaitan <table border="1"> <thead> <tr> <th>Keadaan</th> <th>Ya</th> <th>Tidak</th> </tr> </thead> <tbody> <tr> <td>Sejarah sawan atau pesakit epilepsi</td> <td></td> <td></td> </tr> <tr> <td>Menggunakan 'perentak jantung' atau sebarang implant elektrik</td> <td></td> <td></td> </tr> <tr> <td>Mengalami masalah pendarahan</td> <td></td> <td></td> </tr> <tr> <td>Mengambil ubat pencair darah</td> <td></td> <td></td> </tr> <tr> <td>Telah mengalami kerosakan injap jantung, aritmia jantung</td> <td></td> <td></td> </tr> <tr> <td>Mengandung</td> <td></td> <td></td> </tr> <tr> <td>Barah</td> <td></td> <td></td> </tr> <tr> <td>Kencing manis yang tidak terkawal</td> <td></td> <td></td> </tr> <tr> <td>Masalah kulit (pada bahagian badan yang akan dirawat) dan mempunyai kecederaan pada kawasan yang dirawat</td> <td></td> <td></td> </tr> <tr> <td>Strok Hemorrhagic yang tidak terkawal</td> <td></td> <td></td> </tr> <tr> <td>Alahan kepada besi</td> <td></td> <td></td> </tr> <tr> <td>Atau mengalami apa-apa tanda penyakit selainnya pada pengetahuan anda</td> <td></td> <td></td> </tr> </tbody> </table>	Keadaan	Ya	Tidak	Sejarah sawan atau pesakit epilepsi			Menggunakan 'perentak jantung' atau sebarang implant elektrik			Mengalami masalah pendarahan			Mengambil ubat pencair darah			Telah mengalami kerosakan injap jantung, aritmia jantung			Mengandung			Barah			Kencing manis yang tidak terkawal			Masalah kulit (pada bahagian badan yang akan dirawat) dan mempunyai kecederaan pada kawasan yang dirawat			Strok Hemorrhagic yang tidak terkawal			Alahan kepada besi			Atau mengalami apa-apa tanda penyakit selainnya pada pengetahuan anda		
Keadaan	Ya	Tidak																																						
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PERAKUAN KEIZINAN Saya faham bahawa saya boleh bertanya sebarang soalan berkenaan rawatan saya sebelum menandatangani borang ini. Saya juga boleh menarik balik keizinan yang saya berikan daripada meneruskan rawatan ini pada bila-bila masa sahaja. Prosedur ini dan risiko-risiko yang mungkin berlaku telah dijelaskan kepada saya, dan saya faham penjelasan yang diberikan. Dengan ini, saya secara sukarela bersetuju untuk menjalani prosedur di atas. Saya juga memahami bahawa satu rekod perkhidmatan kesihatan saya akan disimpan. Rekod ini adalah sulit dan tidak akan didedahkan kepada sesiapa melainkan sekiranya ia diarahkan oleh wakil saya, atau diri saya sendiri, atau sebarang cara lain yang dibenarkan atau atas arahan mahkamah.																																								
<u>PESAKIT/PENJAGA/AHLI KELUARGA</u> Tandatangan: Nama Penuh: No. Kad Pengenalan: Hubungan dengan Pesakit:	<u>SAKSI</u> Tandatangan Saksi: Nama Saksi: No. Kad Pengenalan:																																							
<u>PENGAMAL PERUBATAN/PENGAMAL PT&K</u> Nama Penuh: Tandatangan:	Tarikh:																																							

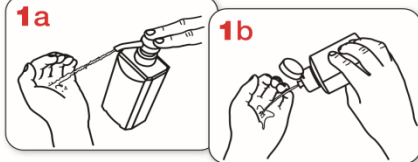
Appendix 9: Acupuncture Consent Form (English)

Consent Form for Acupuncture Treatment

Please read the following information carefully. Kindly refer to your practitioner if clarification is required.

What is Acupuncture? Acupuncture is a form of therapy whereby fine needles are inserted into specific points on a patient's body. Manipulation of the needles at these certain points will stimulate the nervous system to release chemicals in the muscles, spinal cord, and brain. Is it safe? Acupuncture is regarded as a relatively safe procedure. All acupuncturists will use disposable sterile needles when conducting acupuncture. Does it have any adverse effects? The adverse events that may arise from this therapy are listed below: • Light-headedness and vertigo may happen to a small percentage of patients. If this happens, you should rest for a while before leaving the clinic; • Minimal bleeding or bruising occurs in 3% of patients who receive acupuncture; • Pain • Dizziness may happen to patients who are receiving acupuncture for the first time. Reminder to pregnant women: All female patients must inform their doctors if they suspect at all that they may be pregnant. This is because there is a risk of miscarriage if acupuncture is performed on pregnant women.	What should I inform my practitioner prior to the therapy? You should let your practitioner know if you are suffering from any medical conditions such as listed below: Please tick (✓) at the relevant box <table border="1"><thead><tr><th>Conditions</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>History of seizure or epilepsy</td><td></td><td></td></tr><tr><td>Using pacemaker or any electrical implants</td><td></td><td></td></tr><tr><td>Heart abnormalities. Heart arrhythmia</td><td></td><td></td></tr><tr><td>Bleeding tendencies</td><td></td><td></td></tr><tr><td>Consuming blood thinners</td><td></td><td></td></tr><tr><td>Pregnant</td><td></td><td></td></tr><tr><td>Tumour</td><td></td><td></td></tr><tr><td>Uncontrolled Diabetes</td><td></td><td></td></tr><tr><td>Skin problem or injuries over affected area</td><td></td><td></td></tr><tr><td>Allergies towards metal</td><td></td><td></td></tr><tr><td>Severe hemorrhagic stroke</td><td></td><td></td></tr><tr><td>Any other symptoms known to you</td><td></td><td></td></tr></tbody></table>	Conditions	Yes	No	History of seizure or epilepsy			Using pacemaker or any electrical implants			Heart abnormalities. Heart arrhythmia			Bleeding tendencies			Consuming blood thinners			Pregnant			Tumour			Uncontrolled Diabetes			Skin problem or injuries over affected area			Allergies towards metal			Severe hemorrhagic stroke			Any other symptoms known to you		
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Severe hemorrhagic stroke																																								
Any other symptoms known to you																																								
CONSENT FOR TREATMENT I understand that I can ask any questions pertaining to the therapy before signing this form. I could, if the need arises, withdraw my consent to stop the therapy at any time throughout the procedure. The procedure, its risks and benefits have been explained to me, and I understand the explanation given. I hereby agree for the therapy to be carried out on me. I also understand that a record of the therapy given shall be kept. This record is confidential and will not be disclosed to an outside party, unless it has been authorised by me, or my representative, or as ordered by the court of law to do so.																																								
<u>PATIENT / LEGAL GUARDIAN / FAMILY MEMBER</u> Signature: Full Name: Identity Card Number: Relationship with Patient:	<u>WITNESS</u> Signature: Witness: Identity Card Number:																																							
<u>MEDICAL PRACTITIONER/T&CM PRACTITIONER</u> Full Name: Signature:	Date:																																							

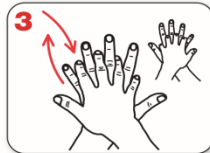
How to handrub? WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



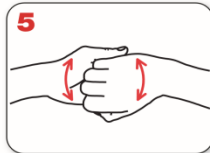
Rub hands palm to palm



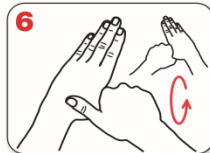
right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

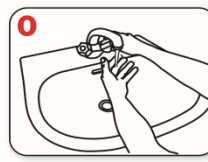


20-30 sec

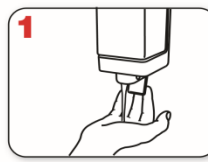


...once dry, your hands are safe.

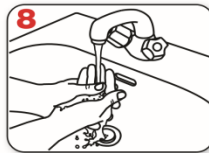
How to handwash? WITH SOAP AND WATER



Wet hands with water



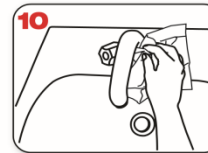
apply enough soap to cover all hand surfaces.



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



40-60 sec



...and your hands are safe.

REFERENCES

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