TRADITIONAL AND COMPLEMENTARY MEDICINE PRACTICE GUIDELINE ON

ACUPUNCTURE

THIRD EDITION 2017
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.
Editions published thus far:
1st edition 2005
2nd edition 2009

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T&CM Division
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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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*\(^3\) 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.\(^2,5\)

\(^1\)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

<table>
<thead>
<tr>
<th>Severity of stroke</th>
<th>Minimum number of sessions</th>
<th>Frequency of treatment</th>
<th>Assessment</th>
<th>Maximum number of sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>10</td>
<td>Once in 3 days</td>
<td>Every 10th session</td>
<td>20 sessions</td>
</tr>
<tr>
<td>Moderate</td>
<td>20</td>
<td>Once in 2 days</td>
<td>Every 10th session</td>
<td>30 sessions</td>
</tr>
<tr>
<td>Severe</td>
<td>30</td>
<td>Once in 2 days</td>
<td>Every 10th session</td>
<td>40 sessions</td>
</tr>
</tbody>
</table>

*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. Chronic pain is a disease of the nervous system and persists after recovery from the acute injury or disease. 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.

Common disorders related to chronic pain predispositions include:

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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Minimum number of sessions</th>
<th>Frequency of treatment</th>
<th>Assessment</th>
<th>Maximum number of sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pain</td>
<td>5</td>
<td>Every day or alternate days</td>
<td>5th session</td>
<td>10 sessions</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipatory</td>
<td>Occurs prior to the administration of chemotherapy</td>
</tr>
<tr>
<td>Acute</td>
<td>Occurs within 24 hours after a chemotherapy dose</td>
</tr>
<tr>
<td>Delayed</td>
<td>Occurs 24 hours or more after a chemotherapy dose</td>
</tr>
<tr>
<td>Breakthrough</td>
<td>Vomiting, retching or nausea during any phase of the chemotherapy cycle despite antiemetic prophylaxis</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Minimum number of sessions</th>
<th>• One session or according to the chemotherapy regime</th>
</tr>
</thead>
</table>
| 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. However, the needling procedure and its effects should always be explained to the patients prior to commencement of treatment.

4.1 Precautions

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 Contraindications

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 accidently 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 Needles^{18}
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 | -Postoperative pain gastrosplasm | -Leukopenia |
| -Sprain | -Lateral Epicondylitis (tennis elbow) | -Allergic rhinitis |
| -Orthodontic pain (including temporomandibular dysfunction) | -Malposition of fetus stroke | -Stroke |
| -Periarthritis of shoulder | -Induction of labour | -Headache |
| -Rheumatoid arthritis | -Obesity | -Dysmenorrhoea, |

<p>| 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 infection | -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 |</p>
<table>
<thead>
<tr>
<th>Radicular and pseudoradicular pain</th>
<th>Opium, cocaine and heroin dependence</th>
<th>Labour pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gouty arthritis</td>
<td>Sialism, drug-induced</td>
<td>Ear ache</td>
</tr>
<tr>
<td>Tietze syndrome</td>
<td>Schizophrenia</td>
<td></td>
</tr>
<tr>
<td>Cancer pain</td>
<td>Bell’s palsy</td>
<td></td>
</tr>
<tr>
<td>Post extubation in children</td>
<td>Neuralgia, post-herpetic</td>
<td></td>
</tr>
<tr>
<td>Post operative convalescence</td>
<td>Neurodermatitis</td>
<td></td>
</tr>
<tr>
<td>Acne vulgaris</td>
<td>Facial spasm</td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Chloasma</th>
<th>Hypophrenia</th>
<th>Pulmonary heart disease, chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choroidopathy, central serous</td>
<td>Irritable colon syndrome</td>
<td>Neuropathic bladder in spinal cord injury</td>
</tr>
<tr>
<td>Colour blindness</td>
<td></td>
<td>Small airway obstruction</td>
</tr>
<tr>
<td>Deafness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Diseases, symptoms or conditions for which acupuncture may be tried provided the practitioner has special modern medical knowledge and adequate monitoring equipment

<table>
<thead>
<tr>
<th>Breathlessness in chronic obstructive pulmonary disease</th>
<th>Convulsions in infants</th>
<th>Encephalitis, viral, in children, late stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coma</td>
<td>Coronary heart disease (angina pectoris)</td>
<td>Paralysis, progressive</td>
</tr>
<tr>
<td></td>
<td>Diarrhoea in infants and young children</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 2: Modified Barthel Index (MBI)

*Preferably performed by different assessors for each reassessment

<table>
<thead>
<tr>
<th>Index item</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Bed Transfers</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Minimal help required</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Ambulation</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Minimal help required</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Ambulation / wheelchair *</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td>(If unable to walk) Only use</td>
<td>1</td>
<td>Substantial help required</td>
</tr>
<tr>
<td>this item if the patient is</td>
<td>3</td>
<td>Moderate help required</td>
</tr>
<tr>
<td>rated “0” for Ambulation, and</td>
<td>4</td>
<td>Minimal help required</td>
</tr>
<tr>
<td>then only if the patient has</td>
<td>5</td>
<td>Fully independent</td>
</tr>
<tr>
<td>been trained in wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stair climbing</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Minimal help required</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Toilet</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Minimal help required</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Bowel control</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Minimal help required</td>
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<tr>
<td></td>
<td>10</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Bladder control</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Moderate help required</td>
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<tr>
<td></td>
<td>8</td>
<td>Minimal help required</td>
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<td></td>
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<td>Fully independent</td>
</tr>
<tr>
<td>Bathing</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>4</td>
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<tr>
<td></td>
<td>5</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Dressing</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Moderate help required</td>
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<tr>
<td></td>
<td>8</td>
<td>Minimal help required</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Fully independent</td>
</tr>
<tr>
<td>Personal hygiene (Grooming)</td>
<td>0</td>
<td>Unable to perform task</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Substantial help required</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Moderate help required</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Minimal help required</td>
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<td></td>
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<tr>
<td>Feeding</td>
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<tr>
<td></td>
<td>2</td>
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<tr>
<td></td>
<td>5</td>
<td>Moderate help required</td>
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<tr>
<td></td>
<td>8</td>
<td>Minimal help required</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Fully independent</td>
</tr>
</tbody>
</table>

**MBI Scoring**

<table>
<thead>
<tr>
<th>MBI Total Score</th>
<th>Dependency Level</th>
<th>Hours of Help Required per Week</th>
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</thead>
<tbody>
<tr>
<td>0 - 24</td>
<td>Total</td>
<td>27.0</td>
</tr>
<tr>
<td>25 - 49</td>
<td>Severe</td>
<td>23.5</td>
</tr>
<tr>
<td>50 - 74</td>
<td>Moderate</td>
<td>20.0</td>
</tr>
<tr>
<td>75 – 90</td>
<td>Mild</td>
<td>13.0</td>
</tr>
<tr>
<td>91 - 99</td>
<td>Minimal</td>
<td>&lt;10.0</td>
</tr>
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</table>
Appendix 3: Numerical Pain Score and Visual Analogue Scale (VAS) Symptom Score

<table>
<thead>
<tr>
<th>No Pain</th>
<th>Moderate Pain</th>
<th>Worst Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>
Appendix 4: MASCC Antiemesis Tool

Please fill this out the day after chemotherapy on:

<table>
<thead>
<tr>
<th>Day:</th>
<th>Month:</th>
<th>Day of Week:</th>
</tr>
</thead>
</table>

**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.  
   How much nausea did you have in the last 24 hours?  
   (Write the number of times in this box)

   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:

<table>
<thead>
<tr>
<th>Day:</th>
<th>Month:</th>
<th>Day of Week:</th>
</tr>
</thead>
</table>

**Delayed Nausea and Vomiting**

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)

   ![Nausea Scale]
   - None
   - As much as possible
Appendix 5: Flow Chart for Assessing Acupuncture Treatment Regime

Appendix 6: Flow Chart for Emergency Cases in a T&CM Unit

Primary Triage
Inform doctor in charge of Unit
Activate MRT / send to Emergency Department

Patient registers

STABLE
Receive treatment
Possible adverse events and side effects of acupuncture:
- Develops symptoms:
  - Fainting
  - Convulsion
  - Discomfort sensation
  - Palpitations
  - Chest pain
  - Excessive bleeding

UNSTABLE

Baseline assessment

Mid assessment

Final assessment

START
Not suitable for Acupuncture

Determination of treatment regime

Commence treatment as planned

Complete treatment up to maximum number of sessions

Improvement from baseline

*YES
Discharge with follow up appointment to assess patient’s condition

NO
Discharge and refer back to referring doctor

Complete minimum number of sessions

Refer back to referring doctor once completed minimum number of session

No improvement

Case reporting

Minimum improvement:
eg.
- 30% improvement from baseline MBI
- Reduction of two pain score scales for VAS
- Reduction of two nausea and vomiting experiences for MAT
### Appendix 7: Acupuncture Screening Form

To be filled in by a Medical Personnel

**TRADITIONAL AND COMPLEMENTARY MEDICINE UNIT**
**HOSPITAL __________________________**

**SCREENING FORM**

<table>
<thead>
<tr>
<th>Name:</th>
<th>NRIC:</th>
<th>R/N:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Age:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth date:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient’s Diagnosis:**

**Chief Complaints:**

**Past Medical History:**

<table>
<thead>
<tr>
<th>Hypertension</th>
<th></th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Past Surgical History:**

**Investigations Results *if available:**

**Medication History:**

**Allergies:**
### VITAL SIGNS

### PHYSICAL EXAMINATION

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure (mmHg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capillary Blood Glucose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(for DM cases only)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CONTRAINDICATIONS FOR ACUPUNCTURE

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using cardiac pacemaker or any devices that emit electrical frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding tendencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On anticoagulants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable cardiac arrhythmias/heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignant tumour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable Diabetes Mellitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken/fragile/thin/swollen skin, eczema/infected skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undiagnosed lump, warts, moles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unstable haemorrhagic stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies to metal in needles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other symptoms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Identification Number</th>
<th>Age</th>
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<tbody>
<tr>
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<th>Address</th>
<th>Registration Number</th>
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<table>
<thead>
<tr>
<th>Postcode</th>
<th>State</th>
<th>Tel</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

#### REFERRED FROM / TO

**VITAL SIGNS**

<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>mmHg</th>
<th>Weight</th>
<th>kg</th>
<th>Height</th>
<th>cm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulse Rate</th>
<th>per min</th>
<th>Temp</th>
<th>°C</th>
<th>Glucose</th>
<th>mmol/L</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>mmHg</th>
<th>Weight</th>
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<table>
<thead>
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<th>Pulse Rate</th>
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</table>

<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>mmHg</th>
<th>Weight</th>
<th>kg</th>
<th>Height</th>
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<table>
<thead>
<tr>
<th>Pulse Rate</th>
<th>per min</th>
<th>Temp</th>
<th>°C</th>
<th>Glucose</th>
<th>mmol/L</th>
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<tr>
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#### VITAL SIGNS

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<tr>
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<th>mmHg</th>
<th>Weight</th>
<th>kg</th>
<th>Height</th>
<th>cm</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Pulse Rate</th>
<th>per min</th>
<th>Temp</th>
<th>°C</th>
<th>Glucose</th>
<th>mmol/L</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>mmHg</th>
<th>Weight</th>
<th>kg</th>
<th>Height</th>
<th>cm</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Pulse Rate</th>
<th>per min</th>
<th>Temp</th>
<th>°C</th>
<th>Glucose</th>
<th>mmol/L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**PAIN SCORE**

(please circle the appropriate box)

- **0**  No pain
- **1**  Discomfort
- **2**  Interfere with daily activities
- **3**  Moderate pain
- **4**  Severe pain

#### PATIENT’S HISTORY

**STROKE HISTORY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Self</th>
<th>Family</th>
<th>Past Medical History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

Please tick the appropriate box

**RISK FACTOR**

<table>
<thead>
<tr>
<th>Date</th>
<th>Self</th>
<th>Family</th>
<th>Past Medical History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Hypertension
- Diabetes Mellitus
- Heart Disease
- Type :
- Dyslipidemia
- Smoker
- Ex smoker

#### TREATMENT RECEIVED

<table>
<thead>
<tr>
<th>Type of Treatments</th>
<th>Yes</th>
<th>No</th>
<th>Please state</th>
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<tr>
<td>Rehabilitation</td>
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<tr>
<td>Hospital/Department :</td>
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<tr>
<td>Traditional method of therapies</td>
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<td></td>
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<tr>
<td>Medications</td>
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<tr>
<td>Herbal therapies</td>
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</table>
# PART B: TO BE FILLED BY ACUPUNCTURIST (TRADITIONAL CHINESE MEDICINE ASSESSMENT)

## GENERAL ASSESSMENT

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Remarks</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Body Appearance
- Normal
- Crawling
- Waddling gait
- Curling while resting
- Heavy leg
- Unable to lie flat

### 2. Skin Complexion
- Normal
- Periodic flush
- Yellowish discoloration
- Dry skin
- Skin patches
- Bluish
- Dry basal scalp
- Rashes
- Others

### 3. Face Appearance
- Normal
- White
- Pale
- Unkempt
- Yellowish
- Cyanosed
- Ungroomed
- Flushed cheeks
- Others

### 4. Emotions
- Normal
- Anxious
- Exhausted
- Happy
- Sad
- Angry
- Pessimistic
- Depressed
- Irritable
- Worried
- Confused
- Panicky attacks
- Delirious
- Others

### 5. Breathing Pattern
- Normal
- Difficult
- Others
- Short of breath
- Weak
- Tightness of breath
- Noisy

### 6. Cough
- Yes
- No
- Productive
- Dry
- Occasional

### 7. Phlegm
- Yes
- No

### 8. Tongue Reading
- Coating
  - Thin
  - Thick
- Appearance
- Size
- Colour
- Vessel
- Other
**GENERAL ASSESSMENT**

1. **Tone of Voice**
   - Normal
   - Loss of voice
   - Others
   - Sore voice
   - Delirious speech
   - Harsh voice
   - Hiccup
   - Faint/Low voice
   - Groaning

2. **Smell**
   - No
   - Yes, please describe:

3. **Cold/Warm**
   - Normal
   - Fear of cold
   - Others
   - Cold
   - Fever/calm
   - Chills and rigors
   - Fever/irritable
   - Cold hands/feet
   - Periodical heat

**HISTORY TAKING**

4. **Sleep Patterns**
   - Normal
   - Insomnia
   - Take naps
   - Sleep during daytime
   - Dreams
   - Others

5. **Falling Asleep**
   - Normal
   - Sometimes difficult
   - Always difficult
   - Difficulty in returning to sleep upon waking up in the middle of the night

6. **Appetite and Digestion**
   - Normal
   - No appetite
   - Bloating after eating
   - Constantly hungry
   - Nausea
   - Gas
   - Poor appetite
   - Bloating
   - Others

7. **Bowel Movement**
   - Normal
   - Watery
   - With mucus
   - Uncontrolled motion
   - Constipation
   - Incomplete
   - With blood
   - Loose
   - Hard and dry
   - Hard stool followed by normal stool
   - Others
   - Colostomy in situ/bag

8. **Drinking**
   - Normal
   - Dry mouth
   - Desire cold drinks
   - Thirsty
   - Dry mouth but no desire to drink
   - Not thirsty but drink a lot
   - Drink a lot
   - Desire warm drinks
   - Others

9. **Sweating**
   - Normal
   - Sweat too little
   - Half body sweating
   - Sweating during sleep
   - Sweat easily
   - Night sweats
   - No sweat
   - Others
   - Sweat too much
   - Over sweat
   - Sweating over palms/feet
## HISTORY TAKING

9. **Urination**
   - Normal
   - Burning
   - Cloudy
   - Difficult
   - Urgency
   - Bloody
   - Frequent
   - Retention
   - Tea coloured
   - Painful
   - Prolonged
   - Foul smelling

- Others

  Amount of voiding per day:
  - Volume
    - Long
    - Short

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)\textsuperscript{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 kepad 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 atau 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:
- Sebahagian daripada maklumat ini boleh ditandatangani dalam bentuk tanda (✓) pada kotak yang berkaitan.

<table>
<thead>
<tr>
<th>Keadaan</th>
<th>Ya</th>
<th>Tidak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sebahagian daripada maklumat ini</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menggunakan ‘perentak jantung’ atau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sebarang implant elektrikal</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>

PERAKUAN KEIZINAN
Saya faham bahawa saya boleh bertanya sebarang soalan berkrena rawatan saya sebelum menandatangani borang ini. Saya juga boleh menarik balik keizinan saya dengan sukarela. Prosedur ini dan risiko-risiko yang mungkin berlaku telah dijelaskan kepada saya, dan saya faham penjelasan yang diberikan. Dengan ini, saya secara sukarela berdasarkan perjanjian untuk menjalani prosedur di atas. Saya juga memahami bahawa 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.

PESAKIT/PENJAGA/AHLI KELUARGA
Tandatangan: ……………………………
Nama Penuh: ……………………………
No. Kad Pengenalan: …………………..
Hubungan dengan Pesakit: ………………

SAKSI
Tandatangan Saksi: ……………………………
Nama Saksi: ……………………………
No. Kad Pengenalan: …………………..

PENGAMAL PERUBATAN/PENGAMAL PT&K
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:

<table>
<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>

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.

PATIENT / LEGAL GUARDIAN / FAMILY MEMBER

| Signature: .................................................. | Signature: .................................................. |
| Full Name: ................................................ | Full Name: ................................................ |
| Identity Card Number: .................................. | Identity Card Number: .................................. |
| Relationship with Patient: ........................... | Relationship with Patient: ........................... |

WITNESS

| Signature: .................................................. | Signature: .................................................. |
| Witness: ..................................................... | Witness: ..................................................... |
| Identity Card Number: .................................. | Identity Card Number: .................................. |

MEDICAL PRACTITIONER/T&CM PRACTITIONER

| Full Name: .................................................. | Date: |
| Signature: .................................................. |       |
Appendix 10: Hand Washing Technique

How to handrub? WITH ALCOHOL-BASED FORMULATION

1a. Apply a palmful of the product in a cupped hand and cover all surfaces.
1b. Rub hands palm to palm
2. Backs of fingers to opposing palms with fingers interlocked

How to handwash? WITH SOAP AND WATER

0. Wet hands with water
1. Apply enough soap to cover all hand surfaces.
2. Right palm over left dorsum with interlaced fingers and vice versa
3. Palm to palm with fingers interlaced
4. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
5. Rinse hands with water
6. Dry thoroughly with a single use towel
7. Use towel to turn off faucet

...once dry, your hands are safe.
...and your hands are safe.
REFERENCES

   Electroacupuncture for control of myeloablative chemotherapy-induced emesis: A randomized controlled trial. Dec 6;284(21):2755-61, JAMA.