

Department of Anesthesia

Title:

Acupuncture

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Attachment:

None

POLICY:

All members of the Department of Anesthesia who practice acupuncture will hold a District of Columbia acupuncture license and have specific privileges within the Department for acupuncture.

PROCEDURE:

Background

Acupuncture is a relatively noninvasive procedure, whereby the practitioner inserts stainless steel, sterile needles into certain designated points on the body. There are generally 364 acupuncture points, distributed over the anterior and posterior aspects of the trunk, limbs, head and face. These points are spread over the meridians and pathways and are used to regulate the Qi (body's energy) and blood of the meridians. There are also many auricular points representing various organs, as well as the limbs, trunk, head, etc. In the case of pain, the treatment usually consists of needling the points on the meridian where the obstruction of Qi has occurred, as well as some distal points on meridians that are related to the ailing meridian in a direct fashion.

Indications/Contraindications in a Hospital Setting

Because pain of musculo-skeletal origin can respond to acupuncture treatment so dramatically, this modality is best known for its pain relief benefits than for any other indications. Pain is also relatively easy to quantify, and progress can be measured fairly simply. For these reasons, practitioners trained in acupuncture treat musculo-skeletal pain conditions as one of their early applications of their newly developed skills.

With our patients, the diagnosis of underlying medical condition(s) will be established within the context of the state-of-the-art of medical care. Once diagnosis has been made and routine treatment measures are in progress, acupuncture, if appropriate, will be used as a complementary modality within the working allopathic framework.

Qualifications and Training of Practitioners

In addition to having the credentials and privileges to practice within the Department of Anesthesia as an anesthesiologist or certified registered nurse anesthetist, the candidate will also have a license to practice acupuncture in the District of Columbia. No individual who is solely a licensed acupuncturist, but not an anesthesia care provider (MD or CRNA) will be proposed for privileges. The District requires successful completion of an accredited program in the practice of acupuncture and certification by the National Commission for the Certification of Acupuncturists or a passing score on the practical examination administered by the Board. There are no specific provisions for supervised practice prior to licensure.

Facility Resources and Equipment Required

The Department will provide individually packed, single-use, sterilized acupuncture needles that are FDA approved and, much like blood drawing where contact with bodily fluids is possible, universal precautions will be followed.

Treatment Delivery Plan

A typical treatment would be conducted in the Pain Management Center and would take approximately 20–30 minutes. The typical number of needles used in a treatment is approximately 15–20. These are very thin 34–38 gauge needles. The only complication reported with properly sterilized needles is a mild ecchymosis at the puncture site, not unlike after venopuncture. While musculoskeletal problems are most often associated with the use of acupuncture, it has also been found to be of use at times in the following conditions in a hospital setting:

- Acute and chronic pain control
- Post traumatic and postoperative ileus
- Paresthesias
- Anxiety syndromes
- Drug detoxification
- Neuralgias
- Headache
- Phantom pain
- Insomnia
- Anorexia
- Surgical anesthesia in high risk patients
- Urinary incontinence
- Constipation
- Diarrhea

Peer Review and Quality Assurance Plan

All patients seen by a practitioner practicing acupuncture would be reviewed by the Pain Management Quality Assurance Plan, which is an integral part of the Department of Anesthesia Quality Improvement Plan. This plan is reviewed annually.

In case of a negative outcome that is believed to be directly related to the use of acupuncture, the case would be forwarded to the Director of the Pain Management Center and the Chief of Anesthesia, Georgetown University Hospital.

Practitioners practicing acupuncture in the hospital are expected to establish diagnoses within the traditional framework of Western medical thought, through an appropriate work-up of the patient's condition. The patient's treatment options should also be documented and the rationale for using acupuncture in each particular situation.

Russell T. Wall, MD
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