Co-design an Acupuncture Protocol for Acute Pain in Emergency Departments

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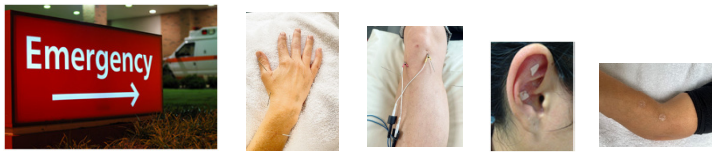
BACKGROUND

- Acute pain — one of the most common ED presentations.[1]
- Opioids remain the mainstay yet have side-effects & post-ED dependence risk (~12%). [2-3]
- Acupuncture → growing evidence for acute pain relief + opioid-sparing potential.[4-5]
- Challenge → implementation in EDs is unsystematic & lacks a standard protocol.

AIM

To develop a feasible, evidence-informed, and adaptable acupuncture protocol for acute pain management in EDs.



METHODS

Draft protocol developed from literature review.Semi-structured interviews and focus group with 10 experts Barriers and facilitators identified; data thematically analysed in NVivo.

RESULTS

A principle-based acupuncture protocol for acute pain in Emergency Departments was developed through expert interviews and thematic analysis. Six overarching principles guide the process:

(1) Benefit over risk – offer only when benefits outweigh risks; (2) Safety – clinician clearance and safe needling; (3) Integrate with ED workflow – coordinate timing to avoid delays; (4) Adaptability – adjust to space and patient condition; (5) Communication – clear patient explanation; (6) Teamwork – collaborate with ED staff.These principles ensure safe and feasible integration of acupuncture in acute care.

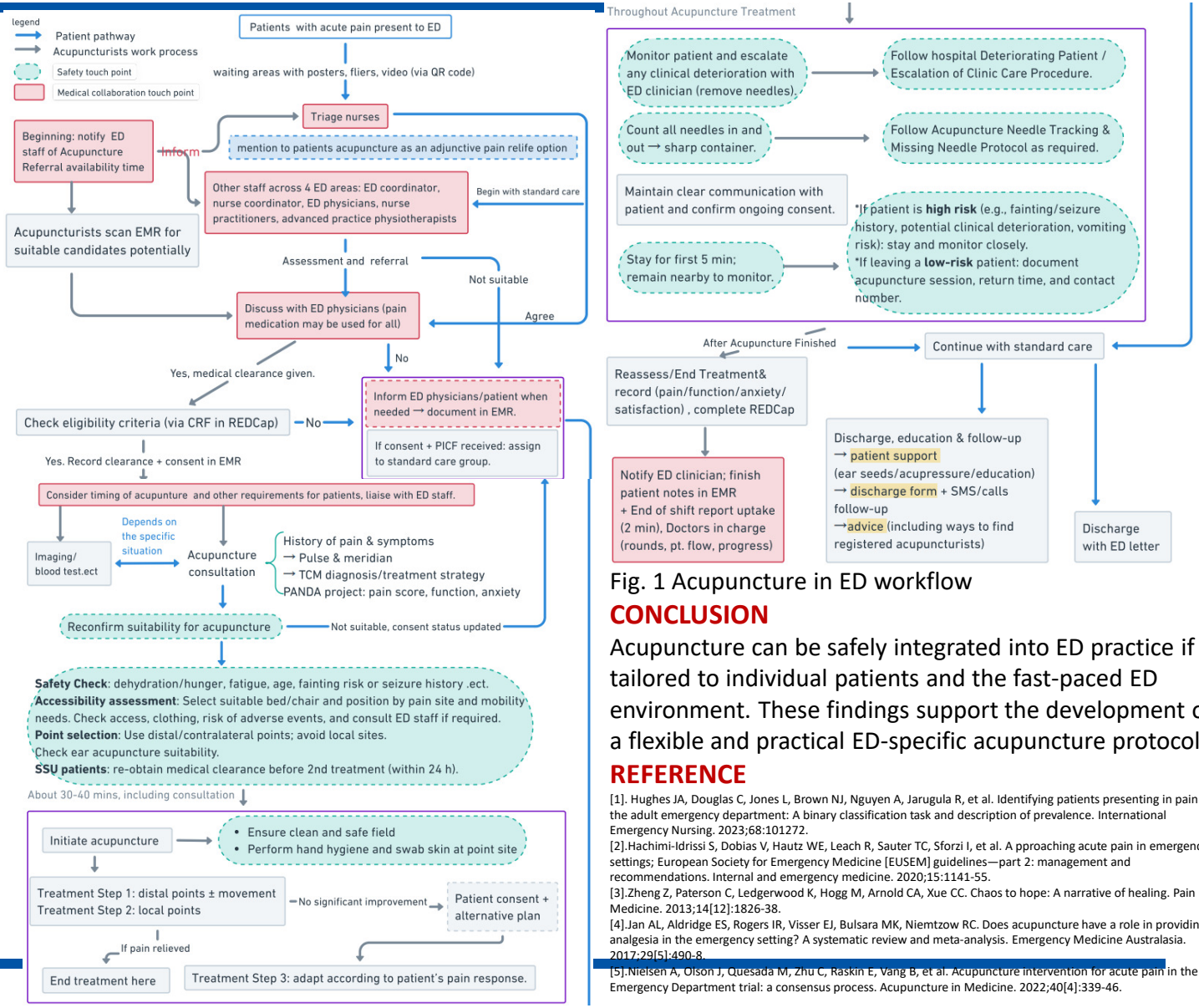


Fig. 1 Acupuncture in ED workflow

CONCLUSION

Acupuncture can be safely integrated into ED practice if tailored to individual patients and the fast-paced ED environment. These findings support the development of a flexible and practical ED-specific acupuncture protocol.

REFERENCE

[1]. Hughes JA, Douglas C, Jones L, Brown NJ, Nguyen A, Jarugula R, et al. Identifying patients presenting in pain to the adult emergency department: A binary classification task and description of prevalence. International Emergency Nursing. 2023;68:101272.
[2].Hachimi-Idrissi S, Dobias V, Hautz WE, Leach R, Sauter TC, Sforzi I, et al. A pproaching acute pain in emergency settings; European Society for Emergency Medicine [EUSEM] guidelines—part 2: management and recommendations. Internal and emergency medicine. 2020;15:1141-55.
[3].Zheng Z, Paterson C, Ledgerwood K, Hogg M, Arnold CA, Xue CC. Chaos to hope: A narrative of healing. Pain Medicine. 2013;14[12]:1826-38.
[4].Jan AL, Aldridge ES, Rogers IR, Visser EJ, Bulsara MK, Niemtzow RC. Does acupuncture have a role in providing analgesia in the emergency setting? A systematic review and meta-analysis. Emergency Medicine Australasia. 2017;29[5]:490-8.
[5].Nielsen A, Olson J, Quesada M, Zhu C, Raskin E, Vang B, et al. Acupuncture intervention for acute pain in the Emergency Department trial: a consensus process. Acupuncture in Medicine. 2022;40[4]:339-46.