

Five-Needle Protocol (5NP) Treatment & Informed Consent

What to Expect, 5NP Treatment Description

In Oregon, 5NP is a standardized, supportive treatment for individuals who self-identify as experiencing substance use disorders, mental health conditions, and trauma. Treatments are provided by state-registered 5NP technicians and contain:

1. **5NP Technician Preparation:** verifying an individual's consent form, washing hands with soap or sanitizer.
2. **Your Preparation:** sit comfortably, no extensive intake or discussion, ear(s) may be prepared by wiping with alcohol wipe.
3. **Needles/Seeds/Beads:** thin single-use disposable needles, ear seeds, or ear beads are placed on the five ear points: shen men, sympathetic, liver, kidney, and lung points. You may feel a mild pinch or tingling when the needles are inserted or beads and seeds placed, which usually fades quickly. Ear seeds and ear beads should be used with caution for individuals with diabetes.
4. **Relax:** sit quietly for 30-45 minutes, no talking or interaction required. It is normal to experience warmth, deep relaxation, or even fall asleep. Do not get up while needles are in place. If you need to move, alert the 5NP technician. If a needle falls out, let the 5NP technician know, do not pick it up. Never touch another person's fallen needle.
5. **Treatment Conclusion:** Removed needles must be placed in a sharps container. Ear beads or ear seeds are not worn for more than 3 days, and you will be given instructions on their care and duration of wear. If they cause discomfort, remove them immediately.
6. **Post-Treatment:** no extensive debriefing required, though brief check-ins may occur. Sharps container will be properly disposed of by 5NP technician.

Possible Side Effects/Healing Reaction

I understand that 5NP may result in certain side effects or healing reactions, including but not limited to local bruising, slight bleeding, fainting, temporary pain and discomfort, nausea or vomiting, and temporary aggravation of symptoms existing prior to treatment. Conventional medicine therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed health care practitioner.

Infectious Disease/Clean Needle Procedures

I understand that there are infectious diseases which have the potential to be carried through the air, through physical contact, and through body fluids. 5NP technicians follow standard precautions to guard against the spread of infection and use only sterilized, prepackaged, single-use, disposable needles. The needles that are used for this treatment are single-use and applied according to national professional standards.

Medical Referral

I understand that 5NP is a complementary therapy, not a substitute for medical treatment, diagnosis, or prescribed medications. I understand that I should consult a licensed health care provider if there is a worsening of an ailment or condition or if a new ailment or condition arises. I also understand that if I am currently under the care of a healthcare provider, I should not alter my medications or treatment plans or discontinue my provider's care without first discussing such changes with my provider.

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Voluntary Consent

I voluntarily consent to receive 5NP treatment from a 5NP technician. A 5NP technician is not a licensed acupuncturist. I understand that I may be treated with needles, ear seeds, or ear beads. I have not been guaranteed any specific outcomes concerning the uses and effects of 5NP. I understand that I am free to discontinue 5NP treatment at any time. I understand that 5NP is not a standalone cure for substance use disorders, mental health conditions, or trauma.

I am obtaining 5NP treatment for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.

Individual Receiving 5NP Treatment Name (Printed): _____

Signature: _____

Date: _____

Representative of the Individual (if applicable): _____

Name (Printed): _____

Signature: _____

Date: _____

5NP Technician Name: _____

Treatment Date & Time: _____