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世界中医药学会联合会

World Federation of Chinese Medicine Societies

SCM/NP-2025-190

国际中医技术操作规范 儿科

第 1 部分：小儿内治给药方法

International standardized manipulations of Chinese medicine Pediatrics

Part 1: Internal treatments

(征求意见稿, CD)

世界中联国际组织标准

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前 言

本文件为《国际中医技术操作规范 儿科》的第1部分。《国际中医技术操作规范 儿科》已经发布了以下部分：

- 第1部分：小儿内治给药方法
- 第2部分：小儿常用外治法
- 第3部分：小儿针灸疗法
- 第4部分：小儿推拿疗法
- 第5部分：小儿拔罐疗法

本文件无相关被替代、废止的文件。

本文件制订以中华人民共和国国家标准（指导性技术文件）《GB/Z 40893.1-2021 中医技术操作规范 儿科 第1部分：小儿内治给药方法》为基础转化形成。

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

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本文件的起草程序遵守了世界中医药学会联合会发布的 SCMI.1-2021 《标准化工作导则第1部分：标准制修订与发布》。

本文件由世界中医药学会联合会翻译专业委员会承担翻译，翻译人员为***。若发生异议，以中文文本为准。

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引 言

随着全球范围内对中医药的认可度不断提升，中医儿科作为中医药体系的重要组成部分，其国际化需求日益迫切。中医儿科技术操作涵盖较多内容，经多轮论证研讨选取具有中医特色和儿科常用的治疗操作技术先行编制，并根据技术操作的形式及特点分为 5 部分。技术内容在中医儿科学术界具有广泛性、普适性，对于满足全球中医儿科医师临床学习应用的迫切需要，促进世界中医儿科临床技术操作规范化、标准化具有重要价值。

《国际中医技术操作规范 儿科》系列包含了中医儿科临床常用的技术方法，是治疗儿科疾病、提高疗效的重要手段，包括以下 5 部分：

- 第 1 部分：小儿内治给药方法
- 第 2 部分：小儿常用外治法
- 第 3 部分：小儿针灸疗法
- 第 4 部分：小儿推拿疗法
- 第 5 部分：小儿拔罐疗法

小儿内治给药方法指通过窍道使药物进入体内的给药治疗方法。中医儿科内治给药技术主要包括口服中药汤剂、口服中成药、中药鼻饲给药法、中药直肠给药法。由于小儿服药困难、依从性差等特殊性和特殊性，正确的煎药方法、喂药方法以及多途径给药是提高中医儿科治疗疾病的依从性、有效性、安全性的重要环节。

本文件是在充分搜集和整理古今中医专家经验的基础上，结合目前中医儿科临床实践，征求了海内外行业内著名专家意见编制而成，并且期待随着临床应用和科研的进展修订、补充，定期更新。

【重要声明】本文件所涉及鼻饲、直肠给药等侵入性操作，实施者应遵守所在国家或地区的法律法规及执业范围要求。

国际中医技术操作规范 儿科 第1部分：小儿内治给药方法

1 范围

本文件规定了儿科口服中药汤剂、口服中成药、中药鼻饲给药法、中药直肠给药法的操作步骤与要求，并给出了注意事项与禁忌。

本文件适用于各国中医医疗、卫生统计、中医病案管理、中医临床医疗质量评定、科研、教学、学术交流等领域。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，凡是标注日期的引用文件，仅该日期对应的版本适用于本文件。凡是不注日期的引用文件，其最新版本（包括所有的修订单）适用于本文件。

GB/T 30219-2013 中药煎药机

ISO 18665 Traditional Chinese medicine — Herbal decoction apparatus（2022 年）

3 术语和定义

下列术语与定义适用于本文件。

3.1

汤剂

将饮片加水煎煮或沸水浸泡后，滤过而取滤液制得的液体制剂。

注1：以饮片粗颗粒入药者又称“煮散”，以沸水浸泡药物不定时不定量饮用者，俗称为“饮”。

注2：汤剂主要供内服、鼻饲、灌肠给药，也可供含漱、洗浴、熏蒸之用。

3.2

合剂

饮片用水或其他溶剂，采用适宜的方法提取制成的口服液体制剂。

注：单剂量灌装者也可称“口服液”。

3.3

糖浆剂

含有原料药物的浓蔗糖水溶液。

3.4

流浸膏剂与浸膏剂

饮片用适宜的溶剂提取，蒸去部分或全部溶剂，调整至规定浓度而成的制剂。

注：除另有规定外，流浸膏剂系指每1mL相当于饮片1g；浸膏剂分为稠膏和干膏两种，每1g相当于饮片2~5g。

3.5

酏剂

将原料药物用规定浓度的乙醇提取或溶解而制成的澄清液体制剂，也可用流浸膏稀释制成。

注：供口服或外用。

3.6

乳剂

指用两种互不相溶的液体将药物制成的供口服等胃肠道给药的水包油型液体制剂。

注：用适宜的量具以小体积或以滴计量的口服乳剂称为滴剂。

3.7

露剂

含挥发性成分的饮片用水蒸气蒸馏法制成的芳香水剂。

3.8

煎膏剂

膏滋

饮片用水煎煮，取煎煮液浓缩，加炼蜜或糖（或转化糖）制成的半流体制剂。

3.9

颗粒剂

原料药物与适宜的辅料混合制成具有一定粒度的干燥颗粒状制剂。

注 1：颗粒剂可分为可溶颗粒（通称为颗粒）、混悬颗粒、泡腾颗粒、肠溶颗粒，根据释放特性不同还有缓释颗粒等。

注 2：本标准中的颗粒剂包含中药复方颗粒及中药配方颗粒。

3.10

片剂

原料药物或与适宜的辅料制成的圆形或异形的片状固体制剂。

注 1：中药还有浸膏片、半浸膏片和全粉末片等。

注 2：片剂以口服普通片为主，另有含片、舌下片、口腔贴片、咀嚼片、分散片、可溶片、泡腾片、肠溶片与口崩片等。

3.11

胶囊剂

原料药物或与适宜辅料充填于空心胶囊或密封于软质囊材中制成的固体制剂。

注：胶囊剂可分为硬胶囊和软胶囊。根据释放特性不同还有缓释胶囊、控释胶囊、肠溶胶囊等。

3.12

散剂

原料药物或与适宜的辅料经粉碎、均匀混合制成的干燥粉末状制剂。

注：散剂可分为口服散剂和局部用散剂。

3. 13

丸剂

原料药物与适宜的辅料制成的球形或类球形固体制剂。

注：丸剂包括蜜丸、水蜜丸、水丸、糊丸、蜡丸、浓缩丸、滴丸和糖丸等。

3. 14

滴丸剂

原料药物与适宜的基质加热熔融混匀，滴入不相混溶、互不作用的冷凝介质中制成的球形或类球形制剂。

3. 15

糕剂

饮片细粉加米粉、蔗糖混匀蒸制而成的块状制剂。

3. 16

胶剂

将动物皮、骨、甲或角，用水煎取胶质，浓缩成稠胶状，经干燥后制成的固体块状口服制剂。

注：按原料来源不同，胶剂可分以动物皮为原料制成的皮胶，以动物骨化的角为原料制成的角胶，以动物的骨骼为原料制成的骨胶，以动物的甲壳为原料制成的甲胶等。

3. 17

鼻饲法

将导管经鼻腔插入胃内，从管内灌注流质食物、水分和药物的方法。

3. 18

直肠灌注给药法

将配制好的药液经插入肛门的肛管用注射器灌注并留置于肠腔，通过直接作用于患处及肠黏膜吸收等，以产生治疗效应的一种给药方法。

3. 19

直肠滴入给药法

将消毒后的肛管或一次性直肠滴入导管塞入肛内到直肠，连接配制好的灌肠药袋，缓慢滴入，通过直肠黏膜的直接吸收，以治疗相应疾病的一种给药方法。

3. 20

灌肠剂

以治疗、诊断或提供营养为目的供直肠灌注用液体制剂，包括水性或油性溶液、乳状液和混悬液。

4 口服汤剂操作步骤与要求

4.1 煎煮方法

4.1.1 煎药器具

砂锅、瓦罐、陶瓷、食品级不锈钢（304 或 316 等）、玻璃、搪瓷等材料制成的带盖器具以及符合 GB/T 30219-2013、ISO 18665 标准的自动煎药机。

4.1.2 煎煮前准备

将煎药罐洗净，药材饮片或粗末倒入罐内，加符合所在国家卫生标准的饮用水适量，浸泡时间一般不少于 30 min（滋补剂、矿石及介壳类应延长至 45 min~60 min），以药物充分浸透为度。加水量以高出药面 2 cm~3 cm 为宜（解表剂约高出 1 cm~2 cm，滋补剂、花草类及煎煮时间较长者约高出 3 cm~5 cm）。

4.1.3 煎煮方法

将加水药罐置炉火上加热，先武火煮开，再文火继续加热。一般药物煮沸后再煎煮 20 min~30 min；解表、清热、芳香类药物不宜久煎，煮沸后再煎煮 15 min~20 min；滋补药物先用武火煮沸后，改用文火慢煎 30 min~60 min。第二煎煎煮时间应比第一煎缩短 5-10 分钟。煎药过程中应搅拌药料 2~3 次，搅拌用具以陶瓷、食品级不锈钢等材料制作的棍棒及竹筷等为宜。煎毕去火，药液通过小药筛滤入洁净容器内。

凡注明先煎、后下、另煎、烊化、包煎、煎汤代水等特殊要求的药物，应按医嘱或相关规范执行。

先煎：矿物类、贝壳类、角甲类及需减毒增效中药应根据经验及规范煎煮 30min 或以上，再加入已浸泡的其他药物同煎。

后下：芳香类、含挥发油多的饮片应在第一煎结束前 5 min~10 min 加入；久煎易破坏有效成分的饮片应在第二煎结束前加入。

另煎（另炖）：贵重饮片应切薄片。另煎者煎煮 2 次，每次 1 h，取汁；另炖者加饮用水（药量 10 倍）隔水炖 2 h~3 h，取汁。所煎（炖）药汁应与其他药汁混匀后服用。

烊化（溶化）：胶类药物应打碎，在其余药物煎好去渣的药液中文火煎煮，不断搅拌至溶解，或单独用黄酒/饮用水加热烊化后兑入。易溶药物可直接溶入药液。

包煎：装入符合药用要求（对人体无害）、有滤过功能并保证药液交换的包煎袋后同煎。需包煎者包括含淀粉或黏液质多、漂浮或沉底、带绒毛、易使药液浑浊的饮片。

煎汤代水：将某些药料先煎煮 15 min~25 min 后，去渣取汁，用所得药汁代替饮用水来煎煮方中的其他药物。

每剂药煎煮 2 次。

每剂药煎出供服用的药液总量：28 天及以下患儿 10mL~30mL，28 天至 1 岁患儿 50mL~100mL，1 至 6 岁患儿 150mL~250mL，6 岁以上患儿 250mL~400mL。

4.2 儿科汤剂服药方法

4.2.1 服药前准备

- a) 对 3 岁以上患儿尽量讲清道理，使其能主动配合服药。
- b) 3 岁以下患儿如不能配合服药，需由两人合作灌服药液。一人取坐位，将患儿抱于腿上，夹患儿腿于两腿之间，两手抱住患儿躯干和两上肢，固定其全身。另一人实施灌药。
- c) 将汤匙、药碗或喂药器放在桌上。药液味苦的可适量加糖。也可另置一碗，准备适量糖水或白开水。
- d) 药液温度应适当，一般在 40℃左右，用于发汗解表的药液温度可在 60℃左右。

4.2.2 3 岁以上患儿服药方法

- a) 尽量由患儿自己服药，服药后可饮适量糖水或白开水矫正口味。
- b) 每日 1 剂方药经两次煎煮出的药液，根据病情，分为 2~4 次服用。一般急性病需服药 3~4 次，慢性病可分 2~3 次服用。每次服药量少者可增加服药次数。

4.2.3 28 天至 3 岁患儿服药方法

3 岁以下及其他不肯配合服药的患儿，需先如前法（4.2.1）固定全身，将患儿置于直立或半直立位置。将喂药器或滴管尖端伸入口内至近舌根部，缓慢释放药物。让患儿自然吞咽。不要强迫药物下咽，以免呛药，甚至引起窒息。如果患儿 30min 内呕吐，仅在保留少于一半时重复剂量给药。如需要，确保全剂量服用后喂适量白开水或糖水。

4.2.4 28 天以下患儿服药方法

控制喂药量，28 天以下足月患儿每次 3mL~5mL，早产小样儿每次 1mL~3mL，1 日总量分多次完成。喂药方法参照 28 天至 3 岁患儿。

5 口服中成药操作步骤与要求

5.1 服药前准备

- a) 对 3 至 6 岁患儿尽量讲清道理，使其能主动配合服药。
- b) 3 岁以下患儿如不能配合服药，需由两人合作灌服药液。一人取坐位，将患儿抱于腿上，夹患儿腿于两腿之间，两手抱住患儿躯干和两上肢，固定其全身。另一人实施灌药。
- c) 将汤匙、药物或灌服液体体制剂的喂药器置于桌上。另置一碗，准备适量糖水或温开水。

5.2 服药方法

5.2.1 概述

- a) 由护士或家长准备好药物。药液稠厚者加适量温开水稀释。
- b) 3 岁以上患儿尽量由自己服药，服药后可饮适量白开水或糖水。
- c) 3 岁以下患儿须先如前法（5.1）固定全身，将患儿置于直立或半直立位置。将注射器或滴管尖端置于嘴侧、脸颊和牙龈之间，缓慢释放药物。让患儿自然吞咽。不要强迫下咽药物，以免引起窒息。如果患儿 30min 内呕吐，仅在保留少于一半时重复剂量。如需要，确保全剂量服用后喂适量白开水或糖水。

5.2.2 合剂（口服液）服用方法

- a) 将合剂按单次服用剂量倒入汤匙或吸入喂药器，按服药方法服用。
- b) 3 岁以上患儿以及会使用吸管的 3 岁以下患儿服用口服液，可用吸管直接吸入药液。

5.2.3 糖浆剂服用方法

将糖浆按单次服用剂量倒入汤匙或吸入喂药器，按服药方法服用。

5.2.4 流浸膏剂服用方法

将流浸膏按单次服用剂量倒入汤匙或吸入喂药器，可加适量温开水稀释，按服药方法服用。

5.2.5 酞剂服用方法

将酞剂按单次服用剂量倒入汤匙或吸入喂药器，药量少者可加适量温开水稀释，按服药方法服用。

5.2.6 乳剂服用方法

将乳剂按单次服用剂量倒入汤匙或吸入喂药器，药量少者可加适量温开水稀释，按服药方法服用。

5.2.7 露剂服用方法

将露剂按单次服用剂量倒入汤匙或吸入喂药器，药量少者可加适量温开水稀释，按服药方法服用。

5.2.8 煎膏剂服用方法

将煎膏剂按单次服用剂量倒入杯中，加入适量温开水稀释，按服药方法服用。

5.2.9 颗粒剂服用方法

- a) 将颗粒剂按单次服用剂量倒入杯中，加温开水适量，用汤匙搅拌溶化。
- b) 将药液倒入汤匙或吸入喂药器，按服药方法服用。

5.2.10 片剂（含片、咀嚼片）服用方法

- a) 6 岁以上患儿可直接服入片剂，随即饮温开水送服。药片体积大者可掰开成数小块分服。
 - b) 含片嘱患儿不要一次吞入，应含于口腔中，让药物缓慢溶解。
 - c) 咀嚼片嘱患儿将药片放入口腔中咀嚼或吮吸使药片溶化后吞服。
 - d) 3 至 6 岁患儿服用片剂，需先将药片掰成数小块，一块块放入患儿口腔，再用温开水送服。
 - e) 3 岁以下患儿服用片剂，需先将药片压粉，加温开水调成糊状喂服。
- 注：6 岁以下患儿不推荐使用含片、咀嚼片、泡腾片。

5.2.11 胶囊剂服用方法

- a) 6 岁以上患儿可直接服入胶囊，随即饮温开水送服。
- b) 6 岁以下患儿不宜直接服用胶囊。必须服用时可将胶囊内药粉或软胶囊内药液挤出，加水调服。若为肠溶胶囊则不可打开取药服用。

5.2.12 散剂服用方法

将散剂加入适量温开水调和，倒入汤匙或吸入喂药器；散剂不易与水混合者可改用适量蜂蜜在汤匙内调和。按服药方法服用。

5.2.13 丸剂（浓缩丸和滴丸）服用方法

a) 6 岁以上患儿可直接服入药丸，随即饮温开水送服。药丸体积大者可掰成数小块或捣碎，加入适量温开水调和，按服药方法服用。

b) 6 岁以下患儿只能服用浓缩丸、滴丸、微丸等体积小的药丸，3 岁以下患儿只能服用微丸。服法同上。

5.2.14 糕剂服用方法

a) 将药糕用热水化开成糊状，炖后服用。

b) 3 岁以上患儿亦可干服，即直接咀嚼服入。

5.2.15 胶剂服用方法

a) 胶剂若是用于复方汤剂，可先将胶块打碎或打粉，倒入热水后不停搅拌加速溶解，再倒入已煎好的药液中和匀，或是直接倒入热药液中溶解后，按服药方法服用。

b) 胶剂若是单独服用，可先将胶块打碎或打粉，放入一个小碗或杯子内，加适量热水，放在锅里隔水炖，让碗里的水保持在沸点左右，并不停搅拌，直至溶化，按服药方法服用。

6 中药鼻饲给药方法操作步骤与要求

6.1 操作前准备

6.1.1 器具

治疗碗 1（纱布 3 块、50mL 注射器 2 副、无菌镊子 1 把）、治疗碗 2（液状石蜡纱布 1 块、无菌镊子 1 把）、一次性胃管、治疗巾、弯盘、别针、棉签、胶布、温水 1 杯、38℃~40℃鼻饲液、手电筒、无菌手套、听诊器、水温计、剪刀、小号治疗盘。

6.1.2 消毒

a) 所用一次性胃管及与之直接接触的器具在使用前均作消毒处理。

b) 操作前清洁鼻腔，消毒鼻周皮肤。

c) 操作者戴无菌手套。

6.1.3 环境

病室内保持清洁，安静，光线明亮，禁止无关人员出入。

6.1.4 操作前护理

a) 备齐器具用物至患儿床边。

b) 对神志清醒的 3 岁以上患儿做好心理护理，说明治疗的意义和注意事项，进行精神安慰与鼓励，消除患儿的紧张恐惧情绪，争取患儿能主动配合操作。

c) 插入胃管应考虑使用疼痛管理或镇静措施，考虑并计划采用适合患儿年龄的固定方法和非药物分散注意力的技术。如适用，对 1 岁以下的患儿可使用蔗糖；对于 2 岁以上的患儿可考

考虑使用局部麻醉鼻喷雾剂。

6.1.5 患儿体位

能配合的患儿取半坐卧位或坐位，可减少胃管通过咽喉部时引起呕吐反射。昏迷或哭闹不合作的患儿取仰卧位或右侧卧位。灌药时取半卧位，颌下铺治疗巾。

6.2 操作方法

6.2.1 插胃管法

- a) 操作前先检查胃管是否通畅，用液体石蜡纱布润滑胃管前段约 10cm~15cm。
- b) 操作者站在患儿右侧，一手用纱布托持胃管，另一手用镊子夹住胃管，沿患儿一侧鼻孔轻轻插入，至咽喉时患儿可能出现恶心反应，及时与患儿沟通安抚，指导大年龄患儿做吞咽动作，同时将胃管缓慢插入。
- c) 如发生呛咳、呼吸困难、紫绀等情况，表示误入气道，应立即拔出，休息片刻后重插。插入不畅或遇到阻力时，应停止推进，检查胃管是否盘曲在口中；或将胃管拔出少许（可回撤 1cm~2cm），调整方向、轻微旋转胃管后再缓慢插入，切勿强行推送。如患儿出现呼吸窘迫，应立即停止操作。
- d) 昏迷患儿因吞咽反射和咳嗽反射消失，不能合作，为提高插管的成功率，可采用双枕垫头快速插管法。先给患儿去枕，平卧；当胃管插至会厌部时再将两枕垫于患儿头下，使其下颌尽量贴近胸骨柄；严密观察患儿的病情变化，待脉搏和呼吸恢复平稳后，再继续插管；双手交替快速插管，动作要轻柔；同时，双手向同一方向稍作捻转胃管，以增加胃管的韧性；使管端沿着咽、食管后壁滑行至胃内。
- e) 胃管插入长度的测量方法是从患儿眉心至剑突与脐中点的距离，这样可到达胃体、胃窦部，可有效地测知胃内容物。
- f) 插管到达预定长度后，首选抽吸胃液测定 pH 值，pH 在 1~5.5 可确认胃管在胃内。X 射线检查是验证位置的金标准，必要时可采用 X 射线检查以确认。听诊气过水声、气泡观察法及患儿无呼吸窘迫等不推荐单独使用作为确认方法。若确认不在胃内需重新插管。
- g) 用胶布粘贴法固定胃管于鼻翼或颊部。由于患儿鼻部出汗或分泌油脂、患儿翻身活动等，胶布都有可能脱落，从而导致胃管脱出，固定方法也可使用细线扎牢胃管，系于患儿的耳后枕部，定期观察患儿耳后皮肤情况。
- h) 整理床单，清理用物，将注射器洗净后放入治疗碗内，盖纱布备用。

6.2.2 鼻饲中药法

- a) 将准备好的中药汤剂或中成药（液体制剂适当稀释，固体制剂须用温开水化开，不能化开的固体制剂不可用于鼻饲）吸入注射器，从胃管缓慢注入。
- b) 药液要冷却至 38℃~40℃，可用水温计测量确定后再注入。鼻饲药液温度过高或过低，可能烫伤或冻伤黏膜。
- c) 每次鼻饲前先抽出多余的胃液，再将药液注入。每次鼻饲药液量参照儿科汤剂服药剂量，最多不超过 50mL~100mL，28 天以下患儿每次 3mL~5mL、早产小样儿每次 1mL~3mL，每日药量分 3~5 次灌服，每次间隔时间大致相等而不少于 2h。

6.2.3 操作后护理

鼻饲后：用温水 10mL~20mL 冲洗胃管，其中，28 天以下患儿建议用温水 3mL~5mL，

避免药物残留在胃管内发酵或变质，引起患儿胃肠炎或堵塞管腔。将胃管末端盖帽固定，并用纱布包好，皮筋系紧，用安全别针固定于大单、枕旁或患儿衣领处。维持原卧位 20min~30min。记录患儿反应及鼻饲量。

6.2.4 拔管法

拔管法适用于患儿停止鼻饲或长期鼻饲需要更换胃管时：

- a) 准备换药碗至患儿床前，做好患儿心理护理，尽量取得配合。
- b) 将弯盘置于患儿颌下，揭去固定物。
- c) 操作者戴无菌手套，用纱布包裹鼻孔处的胃管，指导患儿做深呼吸，待慢慢呼气时轻柔地一次性完成拔管动作，纱布包裹胃管置于弯盘内。昏迷患儿拔管到咽喉处时返折胃管快速拔出，以免液体滴入气道。
- d) 清洁患儿口鼻、面部，擦去胶布痕迹，协助患儿漱口，取舒适卧位，整理床单，清理用物。
- e) 护理记录单及时记录拔管时间和患儿反应。
- f) 为患儿更换胃管，应于夜间末次鼻饲后拔出胃管，次日清晨鼻饲前从另一侧鼻孔插管。
- g) 鼻饲时要保证无菌操作，器具要保持清洁，纱布及注射器应每日更换一次。
- h) 每日给患儿作口腔护理，保持口腔清洁，防止口腔感染。

留置胃管更换时间：

- a) 胃管留置时间过长或胃管本身质地可导致胃管与黏膜粘连，胃管对黏膜的压迫也可能导致黏膜缺血坏死。长期留置胃管的患儿，更换时间应参阅制造商的包装指南。
- b) 在无制造商建议的情况下，PVC 管应每 4 周更换一次，硅胶管每 21 d~30 d 更换一次，聚氨酯管每 8 周更换一次，其他胃管一般每 7 d 更换一次。聚氨酯管忌用液体石蜡等油性润滑剂，应用温开水润滑。操作后要加强对管道护理，保持胃管通畅，降低反复插管对鼻咽黏膜的刺激，减轻患儿痛苦，减少感染机会。
- c) 与清醒可交流的患儿多沟通，进行健康宣教，介绍导管护理知识，告知患儿尽量减少用力咳嗽、咳痰，咳嗽时用手固定胃管防止胃管脱出。

7 中药直肠给药方法操作步骤与要求

7.1 操作前准备

7.1.1 器具及药液

- a) 治疗盘内放入肛管、镊子、无菌手套、50mL 注射器、纱布、治疗巾、橡胶单、液体石蜡、棉签、胶布、卫生纸、温水、待灌药液及贮药器皿等。
- b) 所用肛管及与之直接接触的器具在使用前均作消毒处理。
- c) 待灌药液若用于灌肠者置于治疗碗内；用于滴肠者置于一次性输液器内，插入不带金属穿刺针的输液管。
- d) 待灌药液温度以 39℃~41℃为宜。

7.1.2 环境

关闭门窗，室内清洁卫生，温度适宜，光线明亮，保持安静。

7.1.3 患儿体位

患儿脱下裤子，取左侧卧位，双膝屈曲，臀部抬高 5cm，充分暴露。3 岁以下患儿可采用俯卧位，俯卧于家长双腿上或床上。

7.1.4 操作前护理

- a) 灌肠前，要求患儿尽量排空大便、小便，必要时先清洁肠道。保持情绪稳定。
- b) 备齐器具至患儿床边。
- c) 对神志清醒的 3 岁以上患儿做好心理护理，说明治疗的意义和注意事项，进行精神安慰与鼓励，消除患儿的紧张恐惧情绪，争取患儿及家长能积极主动配合操作。
- d) 对不能合作的患儿，可在操作前由家长协助，抱持患儿于合适体位。
- e) 操作者站立于患儿右侧，准备操作。
- f) 垫治疗巾及橡胶单于患儿臀下，治疗盘放于臀边。
- g) 操作者戴无菌手套。
- h) 清洁患儿肛门口及周围皮肤。

7.2 操作方法

7.2.1 中药灌肠法

- a) 操作者选择合适型号的肛管，涂上液体石蜡，轻轻通过肛门插入患儿肠道，插入深度视年龄约 10cm~15cm。
- b) 使用 50mL 针筒抽吸中药液，接上肛管，以每分钟 10mL 的速度缓缓注入。
- c) 药液注毕，再注入温开水 5mL~10mL，抬高肛管尾端，用卫生纸包住肛管拔出，放弯盘内，擦净肛门。
- d) 灌注完毕，抬高臀部，静卧 30min。如在 30min 内大便伴药液排出，可视为无效，需重复灌肠治疗。

7.2.2 中药滴肠法

- a) 将装入中药液的输液瓶悬挂在输液架上。
- b) 将输液管前端润滑后，轻轻通过肛门插入肠道，插入深度视年龄约 10cm~15cm。
- c) 拧开输液管上的开关，使药液沿输液管滴入患儿肠道。调节点滴速度，掌握在每分钟 30~40 滴。
- d) 如患儿有便意，可暂停滴注，休息片刻，嘱做深呼吸，防止药物外溢。
- e) 滴注完毕，拔出输液管。抬高臀部，静卧 30min。如在 30min 内大便伴药液排出，可视为无效，需重复滴肠治疗。

7.2.3 操作后护理

- a) 整理床单，清理用物。
- b) 观察患儿反应和疗效。
- c) 做好记录。

8 注意事项和禁忌

具体操作的注意事项和禁忌见附录 A 和附录 B。

附录 A
(资料性)
中医儿科内治给药注意事项

A.1 儿科口服汤剂注意事项

服用汤剂时，患儿应取坐位。不可在患儿卧位时服药，否则容易呛入气道，或引起呕吐。

A.2 儿科口服中成药注意事项

A.2.1 片剂、丸剂、胶囊等固体制剂体积较大者，均不能给 6 岁以下患儿直接服用，必须服用时要将其掰成数小块服用，或研碎后再加温开水调服。

A.2.2 服用液体制剂时，忌捏鼻灌服，以防呛入气道。

A.2.3 酏剂、含片、咀嚼片不适宜于 3 岁以下患儿服用。

A.3 儿科中药鼻饲给药方法注意事项

A.3.1 鼻饲前应将患儿床头抬高 $30^{\circ}\sim 35^{\circ}$ ，可避免灌药过程中及灌药后的呛咳、返流、呕吐等情况，减少吸入性肺炎的发生。

A.3.2 鼻饲回抽有胃液时，观察有无消化道出血或胃潴留（血性、咖啡色胃液或空腹胃液大于 200mL），若有则应停止鼻饲，待症状好转后再行鼻饲。如无异常可缓慢注入少量温开水，然后再灌注鼻饲药液。

A.3.3 鼻饲前要检查胃管有无脱出、松动或盘于口腔。

A.3.4 鼻饲速度应缓慢，并随时观察患儿的反应。

A.3.5 长期鼻饲患儿要防止发生鼻与食管溃疡、胃出血、肺部感染及胃肠道细菌感染。插胃管是一项与患儿黏膜直接接触的机械性、侵入性操作，易损伤黏膜而诱发感染，操作者应技术娴熟，减少反复插管次数，采用准确的操作方法和患儿体位，提高一次性插管成功率。

A.4 儿科中药直肠给药法注意事项

A.4.1 操作时注意保护患儿自尊心。防止着凉。

A.4.2 掌握药液的温度、浓度、滴速和液量。灌注药液的过程中，患儿若有腹胀或便意，指导患儿张口深呼吸放松腹部肌肉，同时适当调慢灌注速度。

A.4.3 给药过程中注意观察患儿反应，若出现面色苍白、出冷汗、剧烈腹痛、脉速、心慌、气急等，立即停止治疗并由医师进行处理。

附录 B
（资料性）
中医儿科内治给药禁忌

B.1 儿科口服汤剂禁忌

- B.1.1 煎煮中药汤剂不可用铁制及其他除食品级不锈钢（304 或 316 等）之外的金属器皿。
- B.1.2 忌用捏鼻灌服汤剂，以防呛入气道。

B.2 儿科中药鼻饲给药法禁忌

- B.2.1 鼻饲给药法常用于昏迷、吞咽困难等不能口服中药的患儿，以及已因病情需要而插管的患儿。若能够口服给药或可用直肠给药的患儿一般不要采用此法。绝对禁忌症：胃肠功能衰竭；无法安全建立鼻胃通道，例如严重面中部创伤、颅底骨折等；相对禁忌症：凝血功能异常、食管创伤、食管静脉曲张、食管狭窄、近期胃穿孔或胃手术史、近期鼻部手术等。
- B.2.2 胶囊、丸剂等固体制剂不能采用鼻饲法直接给药。
- B.2.3 尽量避免频繁反复插管。

B.3 儿科中药直肠给药法禁忌

- B.3.1 凡肛门、直肠、结肠术后与有肛疾的患儿均不宜直肠给药。
- B.3.2 急腹症疑有肠坏死穿孔等禁用直肠给药。消化道出血、严重腹泻、严重心血管疾病等不宜灌肠。

参 考 文 献

- [1] 中华中医药学会. 中医儿科临床诊疗指南[M]. 北京:中国中医药出版社,2020.05.
- [2] World Health Organization. Pocket book of hospital care for children: guidelines for the management of common childhood illnesses [M/OL]. 2nd ed. Geneva: World Health Organization, 2013 [2025-12-19]. <https://iris.who.int/server/api/core/bitstreams/8f110da0-22e6-4ef1-90e4-c9f1b7daa363/content>
- [3] Royal Children's Hospital (RCH). Nasogastric and Orogastic Tube Insertion and Management [EB/OL]. [2025-12-19]. https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Nasogastric_and_Orogastic_Tube_Insertion_and_Management/#introduction.
- [4] NHS England. Patient safety alert: Nasogastric tube misplacement: continuing risk of death and severe harm [EB/OL]. London: NHS England, 2016 (2022-02-14)[2025-12-19]. <https://www.england.nhs.uk/publication/patient-safety-alert-nasogastric-tube-misplacement-continuing-risk-of-death-and-severe-harm/>.
- [5] NHS England. Patient Safety Alert: Nasogastric tube placement devices DO NOT replace initial position checks: Alert reference number: NHS/PSA/W/2013/001 [R/OL]. London: NHS England, 2013 [2025-12-19]. <https://www.england.nhs.uk/wp-content/uploads/2019/12/psa-ng-tube.pdf>.
- [6] NSW Health. Nasogastric and Orogastic Tube Insertion and Management in Neonates, Infants and Children [M/OL]. Sydney: NSW Health, 2023[2025-12-19]. https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2025_015.pdf
- [7] Irving S Y, Rempel G, Lyman B, et al.; The American Society for Parenteral and Enteral Nutrition (ASPEN). Pediatric Nasogastric Tube Placement and Verification: Best Practice Recommendations From the NOVEL Project [J/OL]. Nutrition in Clinical Practice, 2018, 33 (4): 511-526 [2025-12-19]. <https://aspenjournals.onlinelibrary.wiley.com/doi/10.1002/ncp.10189>. DOI: 10.1002/ncp.10189/

Foreword

This document is Part 1 of International standardized manipulations of Chinese medicine — Pediatrics. The following parts of International standardized manipulations of Chinese medicine — Pediatrics have been published:

- Part 1: Internal treatments
- Part 2: Commonly used external treatments
- Part 3: Acupuncture and moxibustion therapies
- Part 4: Tuina therapy
- Part 5: Cupping therapy

This document does not replace or withdraw any existing document.

This document was developed by adapting GB/Z 40893.1—2021, Technical operation specifications of traditional Chinese medicine Pediatrics Part 1: Internal treatments, a national guiding technical document of the People's Republic of China.

Attention is drawn to the possibility that some elements of this document may be the subject of patent rights. The issuing organization shall not be held responsible for identifying any or all such patent rights.

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WFCMS

Introduction

With the increasing recognition of traditional Chinese medicine worldwide, TCM pediatrics, as an important component of the TCM system, has an increasingly urgent need for international standardization. Technical operations in TCM pediatrics cover a wide range of content. After multiple rounds of demonstration and discussion, therapeutic operation techniques that are characteristic of TCM and commonly used in pediatrics were selected for initial development, and were divided into five parts according to the forms and characteristics of the technical operations. The technical content is extensive and generally applicable in the academic field of TCM pediatrics. It is of significant value in meeting the urgent needs of TCM pediatric practitioners worldwide for clinical learning and application, and in promoting the standardization of clinical technical operations in TCM pediatrics worldwide.

The series International standardized manipulations of Chinese medicine — Pediatrics includes technical methods commonly used in clinical TCM pediatrics. These methods are important means for treating pediatric diseases and improving therapeutic efficacy, and include the following five parts:

- Part 1: Internal treatments
- Part 2: Commonly used external treatments
- Part 3: Acupuncture and moxibustion therapies
- Part 4: Tuina therapy
- Part 5: Cupping therapy

Methods of internal administration for children refer to therapeutic administration methods by which medicines enter the body through body orifices or passages. Techniques for internal administration in TCM pediatrics mainly include oral administration of Chinese medicine decoctions, oral administration of Chinese patent medicines, nasogastric gavage administration of Chinese medicines, and rectal administration of Chinese medicines. Due to the particular characteristics of children, such as difficulty in taking medicines and poor adherence, correct methods of decocting medicines, methods of administering medicines, and multi-route administration are important links in improving the adherence, effectiveness and safety of TCM pediatric treatment.

This document was developed on the basis of a full collection and organization of the experience of TCM experts from ancient and modern times, in combination with current clinical practice in TCM pediatrics, and with opinions solicited from renowned experts in the field at home and abroad. It is expected to be revised, supplemented and regularly updated in line with advances in clinical application and scientific research.

[Important Statement] For invasive operations such as nasogastric gavage and

rectal administration covered in this document, practitioners shall comply with the laws and regulations, as well as the requirements for scope of practice, of the country or region where they practise.

WECMS

International standardized manipulations of Chinese medicine Pediatrics

Part 1: Internal treatments

1 Scope

This document specifies the operating procedures and requirements for oral administration of Chinese medicine decoctions, oral administration of Chinese patent medicines, nasogastric gavage administration of Chinese medicines, and rectal administration of Chinese medicines in pediatrics, and provides the precautions and contraindications.

This document applies to TCM healthcare, health statistics, TCM medical record management, assessment of clinical medical quality in TCM, scientific research, teaching, academic exchange and related fields in all countries.

2 Normative references

The contents of the following documents constitute indispensable provisions of this document through normative references in the text. For dated references, only the edition corresponding to the cited date applies to this document. For undated references, the latest edition of the referenced document, including all amendments, applies to this document.

GB/T 30219-2013 Traditional Chinese Medicine Decoction Machine

ISO 18665 Traditional Chinese medicine — Herbal decoction apparatus

3 Terms and definitions

The following terms and definitions apply to this document.

3.1

decoction

A liquid preparation prepared by decocting decoction pieces with water or soaking them in boiling water, followed by filtration to obtain the filtrate.

Note 1: When coarse granules of decoction pieces are used medicinally, the preparation is also called “boiled powder”; when medicines are soaked in boiling water and taken at irregular times and in variable amounts, the preparation is commonly known as “yin”.

Note 2: Decoctions are mainly used for internal administration, nasogastric gavage and enema administration, and may also be used for gargling, bathing, fumigation and steaming.

3.2

mixture

An oral liquid preparation prepared by extracting decoction pieces with water or other solvents using appropriate methods.

Note: A single-dose filled preparation may also be called an oral liquid.

3.3

syrup

A concentrated aqueous sucrose solution containing medicinal ingredients.

3.4

Fluidextract and extract

Preparations made by extracting decoction pieces with suitable solvents, evaporating part or all of the solvents, and adjusting the preparations to the specified concentration.

Note: Unless otherwise specified, a fluidextract refers to a preparation in which each 1 mL is equivalent to 1 g of decoction pieces. Extracts are divided into thick extracts and dry extracts, and each 1 g is equivalent to 2 g to 5 g of decoction pieces.

3.5

tincture

A clear liquid preparation prepared by extracting or dissolving medicinal ingredients with ethanol at a specified concentration, or by diluting a fluidextract.

Note: Tinctures are used for oral administration or external use.

3.6

emulsion

An oil-in-water liquid preparation for oral and other gastrointestinal administration, prepared by dispersing medicinal ingredients in two mutually immiscible liquids.

Note: An oral emulsion measured in small volumes or by drops using a suitable measuring device is called drops.

3.7

distillate

An aromatic water preparation prepared from decoction pieces containing volatile constituents by steam distillation.

3.8

electuary

A semi-fluid preparation prepared by decocting decoction pieces with water, concentrating the decoction, and adding refined honey or sugar, or invert sugar.

3.9

granules

Dry granular preparations with a certain particle size prepared by mixing medicinal ingredients with suitable excipients.

Note 1: Granules may be classified into soluble granules, commonly referred to as granules, suspension granules, effervescent granules and enteric granules. According to different release characteristics, they also include sustained-release granules and other types.

Note 2: Granules in this standard include Chinese medicine compound granules and Chinese medicine formula granules.

3.10

tablet

A round or irregularly shaped solid tablet preparation prepared from medicinal ingredients alone or together with suitable excipients.

Note 1: Chinese medicine tablets also include extract tablets, semi-extract tablets and whole-powder tablets.

Note 2: Tablets are mainly ordinary oral tablets, and also include lozenges, sublingual tablets, buccal patches, chewable tablets, dispersible tablets, soluble tablets, effervescent tablets, enteric-coated tablets and orally disintegrating tablets.

3.11

capsule

A solid preparation prepared by filling medicinal ingredients alone or together with suitable excipients into hard capsules, or by sealing them in soft capsule shells.

Note: Capsules may be classified into hard capsules and soft capsules. According to different release characteristics, they also include sustained-release capsules, controlled-release capsules and enteric-coated capsules.

3.12

powder

A dry powdered preparation prepared by pulverizing medicinal ingredients alone or together with suitable excipients and mixing them uniformly.

Note: Powders may be classified into oral powders and powders for topical use.

3.13

pill

A spherical or spheroidal solid preparation prepared from medicinal ingredients and suitable excipients.

Note: Pills include honey pills, water-honey pills, water pills, paste pills, wax pills, concentrated pills, dripping pills, sugar pills and other types.

3.14

dripping pill

A spherical or spheroidal preparation prepared by heating and melting medicinal ingredients together with a suitable matrix, mixing them uniformly, and dripping the mixture into an immiscible and non-reactive cooling medium.

3.15

cake medicine

A block preparation prepared by mixing fine powder of decoction pieces with rice powder and sucrose, followed by steaming.

3.16

glue

A solid block oral preparation prepared by decocting animal skin, bone, shell or horn with water to obtain gelatinous substances, concentrating them into a thick gelatinous mass, and drying the mass.

Note: According to different sources of raw materials, glue may be classified into hide glue prepared from animal skin, horn glue prepared from ossified

animal horn, bone glue prepared from animal bone, shell glue prepared from animal shell, and other types.

3.17

nasogastric gavage

A method in which a tube is inserted through the nasal cavity into the stomach, and liquid food, water and medicines are infused through the tube.

3.18

rectal infusion administration

A method of administration in which a prepared medicinal liquid is infused through an anal tube using a syringe inserted into the anus and retained in the intestinal cavity, producing therapeutic effects through direct action on the affected site, absorption through the intestinal mucosa, and other mechanisms.

3.19

rectoclysis

A method of administration in which a sterilized anal tube or disposable rectoclysis catheter is inserted through the anus into the rectum and connected to a prepared enema bag, allowing the medicinal liquid to drip slowly into the rectum and to be directly absorbed through the rectal mucosa, so as to treat relevant diseases.

3.20

enema

A liquid preparation for rectal infusion for the purposes of treatment, diagnosis or nutrition, including aqueous or oily solutions, emulsions and suspensions.

4 Operating procedures and requirements for oral administration of decoctions

4.1 Decocting methods

4.1.1 Decoction utensils

Covered utensils made of materials such as earthenware pots, clay pots, ceramics, food-grade stainless steel (304 or 316, etc.), glass or enamel, as well as automatic decocting machines conforming to GB/T 30219—2013 and ISO 18665,

shall be used.

4.1.2 Preparation before decoction

The decoction pot shall be cleaned. The medicinal materials in decoction pieces or coarse powder shall be placed into the pot, and an appropriate amount of drinking water meeting the hygiene standards of the country where the procedure is performed shall be added. The soaking time shall generally be not less than 30 min. For tonifying prescriptions, minerals and shell substances, the soaking time shall be extended to 45 min to 60 min, until the medicines are fully soaked through. The water level should be 2 cm to 3 cm above the surface of the medicines. For exterior-releasing prescriptions, it should be approximately 1 cm to 2 cm above the surface of the medicines; for tonifying prescriptions, flowers and herbs, and medicines requiring a longer decocting time, it should be approximately 3 cm to 5 cm above the surface of the medicines.

4.1.3 Decocting methods

The decoction pot containing the medicines and water shall be placed over a heat source and heated. The medicines shall first be brought to a boil over strong heat, and then continuously heated over gentle heat. General medicines shall be decocted for another 20 min to 30 min after boiling. Exterior-releasing, heat-clearing and aromatic medicines should not be decocted for a long time, and shall be decocted for another 15 min to 20 min after boiling. Tonifying medicines shall first be brought to a boil over strong heat and then slowly decocted over gentle heat for 30 min to 60 min. The decocting time for the second decoction shall be 5 min to 10 min shorter than that for the first decoction. During decoction, the medicinal materials shall be stirred 2 to 3 times. Stirring implements should preferably include rods made of ceramic or food-grade stainless steel, as well as bamboo chopsticks. After decoction is completed, the pot shall be removed from the heat, and the medicinal liquid shall be filtered through a fine medicinal sieve into a clean container.

Medicines marked with special requirements, such as decocting first, adding later, decocting separately, dissolving by heating, wrap-decocting, or using decoction as water, shall be processed according to the physician's instructions or relevant specifications.

a) Decocting first: minerals, shells, horn and carapace substances, and Chinese medicines requiring toxicity reduction and efficacy enhancement shall be decocted for 30 min or longer according to experience and relevant specifications, and then the other soaked medicines shall be added and decocted together.

b) Adding later: aromatic decoction pieces and decoction pieces containing a

large amount of volatile oils shall be added 5 min to 10 min before the end of the first decoction. Decoction pieces whose active constituents are easily destroyed by prolonged decoction shall be added before the end of the second decoction.

c) Decocting separately, or stewing separately: valuable decoction pieces shall be cut into thin slices. For separate decoction, the medicine shall be decocted twice, 1 h each time, and the medicinal liquid shall be collected. For separate stewing, drinking water equivalent to 10 times the amount of the medicine shall be added, and the medicine shall be stewed in water for 2 h to 3 h before the medicinal liquid is collected. The decocted or stewed medicinal juice shall be mixed uniformly with the other medicinal liquids before administration.

d) Dissolving by heating: glue medicines shall be broken into pieces, added to the medicinal liquid from which the dregs have been removed after decoction of the other medicines, and decocted over gentle heat with continuous stirring until dissolved; alternatively, they may be heated and dissolved separately in yellow rice wine or drinking water and then mixed into the medicinal liquid. Easily soluble medicines may be directly dissolved in the medicinal liquid.

e) Wrap-decocting: medicines shall be placed in a wrap-decocting bag that meets medicinal requirements, is harmless to the human body, has a filtering function, and ensures exchange of the medicinal liquid, and then decocted together with the other medicines. Medicines requiring wrap-decocting include decoction pieces containing a large amount of starch or mucilage, those that float on the liquid surface or sink to the bottom, those with villi, and those that easily make the medicinal liquid turbid.

f) Using decoction instead of water: certain medicinal materials shall first be decocted for 15 min to 25 min. The dregs shall then be removed and the medicinal liquid collected. The obtained medicinal juice shall be used instead of drinking water to decoct the other medicines in the prescription.

Each dose of medicine shall be decocted twice.

The total amount of medicinal liquid decocted from each dose for administration shall be as follows: 10 mL to 30 mL for children aged 28 days or younger; 50 mL to 100 mL for children aged from 28 days to 1 year; 150 mL to 250 mL for children aged from 1 year to 6 years; and 250 mL to 400 mL for children over 6 years of age.

4.2 Methods for administering decoctions in pediatric practice

4.2.1 Preparation before administration

a) For children over 3 years of age, the reasons for taking the medicine should be explained as clearly as possible so that they can actively cooperate in taking the

medicine.

b) For children under 3 years of age who are unable to cooperate in taking the medicine, two persons shall work together to administer the decoction. One person shall sit down, hold the child on the lap, place the child's legs between the person's own legs, hold the child's trunk and both upper limbs with both hands, and immobilize the child's whole body. The other person shall administer the medicine.

c) A spoon, medicine bowl or medicine-feeding device shall be placed on the table. If the medicinal liquid tastes bitter, an appropriate amount of sugar may be added. Another bowl may also be prepared with an appropriate amount of sugar water or plain boiled water.

d) The temperature of the medicinal liquid shall be appropriate, generally around 40 °C. The temperature of medicinal liquid used to induce sweating and release the exterior may be around 60 °C.

4.2.2 Methods of administration for children over 3 years of age

a) The child should take the medicine independently as far as possible. After taking the medicine, the child may drink an appropriate amount of sugar water or plain boiled water to improve the taste.

b) The medicinal liquid obtained from decocting one daily prescription twice shall be divided into 2 to 4 administrations according to the disease condition. In general, for acute diseases, the medicine shall be administered 3 to 4 times; for chronic diseases, it may be divided into 2 to 3 administrations. The number of administrations may be increased when the amount administered each time is small.

4.2.3 Methods of administration for children aged from 28 days to 3 years

For children under 3 years of age and other children who refuse to cooperate in taking the medicine, the whole body shall first be immobilized as described above in 4.2.1, and the child shall be placed in an upright or semi-upright position. The tip of the medicine-feeding device or dropper shall be inserted into the mouth near the root of the tongue, and the medicine shall be released slowly. The child shall be allowed to swallow naturally. The medicine shall not be forced down the throat, so as to avoid choking on the medicine or even suffocation. If the child vomits within 30 min, a repeat dose should be given only if less than half of the dose has been retained. If necessary, after ensuring that the full dose has been taken, an appropriate amount of plain boiled water or sugar water may be given.

4.2.4 Methods of administration for children under 28 days of age

The administration volume shall be controlled. For full-term neonates aged 28 days or younger, the volume shall be 3 mL to 5 mL each time. For preterm or small-for-gestational-age neonates, the volume shall be 1 mL to 3 mL each time. The total daily amount shall be divided into multiple administrations. The method of administration shall refer to that for children aged from 28 days to 3 years.

5 Operating procedures and requirements for oral administration of Chinese patent medicines

5.1 Preparation before administration

a) For children aged 3 to 6 years, the reasons for taking the medicine should be explained as clearly as possible so that they can actively cooperate in taking the medicine.

b) For children under 3 years of age who are unable to cooperate in taking the medicine, two persons shall work together to administer the medicinal liquid. One person shall sit down, hold the child on the lap, place the child's legs between the person's own legs, hold the child's trunk and both upper limbs with both hands, and immobilize the child's whole body. The other person shall administer the medicine.

c) A spoon, the medicine, or a medicine-feeding device for administering liquid preparations shall be placed on the table. Another bowl should be prepared with an appropriate amount of sugar water or warm boiled water.

5.2 Methods of administration

5.2.1 General

a) The medicine shall be prepared by a nurse or a parent. If the liquid medicine is thick, an appropriate amount of warm boiled water shall be added for dilution.

b) Children aged 3 years or older should take the medicine independently as far as possible. After taking the medicine, the child may drink an appropriate amount of plain boiled water or sugar water.

c) For children under 3 years of age, the whole body shall first be immobilized as described above in 5.1, and the child shall be placed in an upright or semi-upright position. The tip of a syringe or dropper shall be placed at the side of the mouth, between the cheek and the gum, and the medicine shall be released slowly. The child shall be allowed to swallow naturally. The medicine shall not be forced down the throat, so as to avoid suffocation. If the child vomits within 30 min, a repeat dose shall be given only when less than half of the dose has been retained.

If necessary, after ensuring that the full dose has been taken, an appropriate amount of plain boiled water or sugar water may be given.

5.2.2 Methods of administration for mixtures(oral liquids)

a) The single-dose amount of the mixture shall be poured into a spoon or drawn into a medicine-feeding device, and administered according to the methods of administration.

b) For children aged 3 years or older, and for children under 3 years of age who can use a straw, the oral liquid may be taken directly through a straw.

5.2.3 Methods of administration for syrups

The single-dose amount of the syrup shall be poured into a spoon or drawn into a medicine-feeding device, and administered according to the methods of administration.

5.2.4 Methods of administration for fluidextracts

The single-dose amount of the fluidextract shall be poured into a spoon or drawn into a medicine-feeding device. An appropriate amount of warm boiled water may be added for dilution, and the medicine shall be administered according to the methods of administration.

5.2.5 Methods of administration for tinctures

The single-dose amount of the tincture shall be poured into a spoon or drawn into a medicine-feeding device. If the amount of medicine is small, an appropriate amount of warm boiled water may be added for dilution. The medicine shall be administered according to the methods of administration.

5.2.6 Methods of administration for emulsions

The single-dose amount of the emulsion shall be poured into a spoon or drawn into a medicine-feeding device. If the amount of medicine is small, an appropriate amount of warm boiled water may be added for dilution. The medicine shall be administered according to the methods of administration.

5.2.7 Methods of administration for distillates

The single-dose amount of the distillate shall be poured into a spoon or drawn into a medicine-feeding device. If the amount of medicine is small, an appropriate amount of warm boiled water may be added for dilution. The medicine shall be administered according to the methods of administration.

5.2.8 Methods of administration for electuaries

The single-dose amount of the electuary shall be placed into a cup, diluted with an appropriate amount of warm boiled water, and administered according to the methods of administration.

5.2.9 Methods of administration for granules

a) The single-dose amount of granules shall be placed into a cup. An appropriate amount of warm boiled water shall be added, and the granules shall be stirred with a spoon until dissolved.

b) The medicinal liquid shall be poured into a spoon or drawn into a medicine-feeding device, and administered according to the methods of administration.

5.2.10 Methods of administration for tablets, including lozenges and chewable tablets

a) Children aged 6 years or older may take tablets directly, followed immediately by warm boiled water to aid swallowing. Large tablets may be broken into several small pieces and taken separately.

b) For lozenges, the child shall be instructed not to swallow the lozenge immediately. The lozenge shall be held in the mouth and allowed to dissolve slowly.

c) For chewable tablets, the child shall be instructed to place the tablet in the mouth and chew or suck it until it dissolves, and then swallow it.

d) For children aged 3 to 6 years taking tablets, the tablet shall first be broken into several small pieces, placed one by one into the child's mouth, and then taken with warm boiled water.

e) For children under 3 years of age taking tablets, the tablet shall first be crushed into powder, mixed with warm boiled water into a paste, and then administered.

Note: Lozenges, chewable tablets and effervescent tablets are not recommended for children under 6 years of age.

5.2.11 Methods of administration for capsules

a) Children aged 6 years or older may take capsules directly, followed immediately by warm boiled water to aid swallowing.

b) Children under 6 years of age should not take capsules directly. When capsules must be taken, the powder in the capsule, or the liquid in a soft capsule, may be removed or squeezed out and mixed with water for administration. If the capsule is an enteric-coated capsule, it shall not be opened for administration of its contents.

5.2.12 Methods of administration for powders

The powder shall be mixed with an appropriate amount of warm boiled water

and poured into a spoon or drawn into a medicine-feeding device. If the powder is not easily mixed with water, an appropriate amount of honey may be used instead and mixed with the powder in a spoon. The medicine shall be administered according to the methods of administration.

5.2.13 Methods of administration for pills, including concentrated pills and dripping pills

a) Children aged 6 years or older may take pills directly, followed immediately by warm boiled water to aid swallowing. Large pills may be broken into several small pieces or crushed, mixed with an appropriate amount of warm boiled water, and administered according to the methods of administration.

b) Children under 6 years of age may take only small pills, such as concentrated pills, dripping pills and micro-pills. Children under 3 years of age may take only micro-pills. The method of administration shall be the same as above.

5.2.14 Methods of administration for cake medicines

a) The cake medicine shall be dissolved in hot water into a paste, stewed, and then taken.

b) Children aged 3 years or older may also take it dry, that is, by chewing and swallowing it directly.

5.2.15 Methods of administration for glues

a) When a glue is used in a compound decoction, the glue block may first be broken into pieces or ground into powder, poured into hot water and stirred continuously to accelerate dissolution, and then poured into the prepared medicinal liquid and mixed uniformly. Alternatively, it may be poured directly into the hot medicinal liquid and dissolved. The medicine shall then be administered according to the methods of administration.

b) When a glue is taken alone, the glue block may first be broken into pieces or ground into powder, placed into a small bowl or cup, and mixed with an appropriate amount of hot water. The bowl or cup shall then be placed in a pot and stewed in a water bath, with the water in the bowl or cup maintained at around the boiling point and stirred continuously until dissolved. The medicine shall then be administered according to the methods of administration.

6 Operating procedures and requirements for nasogastric gavage administration of Chinese medicines

This method is applicable to children who are unable to eat or take

medicines orally due to coma, dysphagia or other conditions. Operators shall comply with the legal and regulatory requirements of the country or region where they practise regarding such invasive procedures.

6.2 Operating methods

6.2.1 Nasogastric tube insertion

a) Before operation, the nasogastric tube shall be checked for patency. Approximately 10 cm to 15 cm of the anterior section of the nasogastric tube shall be lubricated with liquid paraffin gauze.

b) The operator shall stand on the right side of the child. With one hand, the operator shall support the nasogastric tube with gauze; with the other hand, the operator shall hold the nasogastric tube with forceps and gently insert it through one nostril of the child. When the tube reaches the pharynx, the child may experience nausea. The operator shall communicate with and comfort the child in a timely manner, instruct older children to swallow, and slowly insert the nasogastric tube at the same time.

c) If choking cough, dyspnea or cyanosis occurs, this indicates that the tube has mistakenly entered the airway. The tube shall be removed immediately, and reinsertion shall be performed after the child has rested briefly. If insertion is not smooth or resistance is encountered, advancement shall be stopped, and the operator shall check whether the nasogastric tube is coiled in the mouth. Alternatively, the nasogastric tube may be withdrawn slightly, by 1 cm to 2 cm, and then slowly reinserted after adjusting the direction and slightly rotating the tube. Forcible advancement shall not be performed. If the child develops respiratory distress, the operation shall be stopped immediately.

d) In comatose children, the swallowing reflex and cough reflex are absent, and cooperation is not possible. To improve the success rate of tube insertion, the rapid tube insertion method with two-pillow head support may be used. The pillow shall first be removed, and the child shall be placed supine. When the nasogastric tube is inserted to the epiglottis, two pillows shall be placed under the child's head so that the lower jaw is as close as possible to the sternal manubrium. Changes in the child's condition shall be closely observed. After the pulse and respiration return to a stable state, tube insertion may be continued. The tube shall be inserted rapidly with both hands used alternately, and the movements shall be gentle. At the same time, both hands shall slightly twist the nasogastric tube in the same direction to increase its rigidity, so that the tip of the tube slides along the posterior wall of the pharynx and esophagus into the stomach.

e) The insertion length of the nasogastric tube shall be measured from the

glabella of the child to the midpoint between the xiphoid process and the umbilicus. This length allows the tube to reach the body and antrum of the stomach, and enables effective detection of gastric contents.

f) After the tube has been inserted to the predetermined length, aspiration of gastric fluid for pH measurement is the preferred method. A pH value of 1 to 5.5 confirms that the nasogastric tube is in the stomach. X-ray examination is the gold standard for verifying position and may be used for confirmation when necessary. Auscultation of air insufflation sounds, the bubble observation method, and absence of respiratory distress in the child is not recommended as a sole confirmation method. If it is confirmed that the tube is not in the stomach, reinsertion shall be performed.

g) The nasogastric tube shall be fixed to the nasal ala or cheek with adhesive tape. Because the adhesive tape may fall off due to sweating or oil secretion around the child's nose, turning over or movement of the child, the nasogastric tube may become dislodged. The nasogastric tube may also be secured by tying it firmly with a thin thread and fastening it behind the child's ear or to the occipital region. The skin behind the child's ear shall be observed regularly.

h) The bedsheet shall be arranged, the used supplies shall be cleared, and the syringe shall be washed and placed in the treatment bowl, covered with gauze for later use.

6.2.2 Nasogastric gavage of Chinese medicines

a) The prepared Chinese medicine decoction or Chinese patent medicine shall be drawn into a syringe and slowly injected through the nasogastric tube. Liquid preparations shall be appropriately diluted. Solid preparations shall be dissolved in warm boiled water. Solid preparations that cannot be dissolved shall not be used for nasogastric gavage.

b) The medicinal liquid shall be cooled to 38 °C to 40 °C, measured and confirmed with a water thermometer before injection. If the temperature of the medicinal liquid for nasogastric gavage is too high or too low, it may cause scalding or cold injury to the mucosa.

c) Before each nasogastric gavage, excess gastric fluid shall first be aspirated, and then the medicinal liquid shall be injected. The volume of medicinal liquid for each nasogastric gavage shall refer to the dosage for administering decoctions in pediatric practice, and shall not exceed 50 mL to 100 mL. For children under 28 days of age, the volume shall be 3 mL to 5 mL each time. For preterm or small-for-gestational-age neonates, the volume shall be 1 mL to 3 mL each time. The daily amount of medicine shall be divided into 3 to 5 gavage administrations, with intervals that are approximately equal and not less than 2 h.

6.2.3 Post-operation care

After nasogastric gavage, the nasogastric tube shall be flushed with warm water. The flushing volume is generally 10 mL to 20 mL; for children aged 28 days or younger, 3 mL to 5 mL of warm water is recommended, so as to prevent medicine residue from fermenting or deteriorating in the nasogastric tube, causing gastroenteritis in the child or blocking the lumen of the tube. The end of the nasogastric tube shall be capped and fixed, wrapped with gauze, tied tightly with a rubber band, and secured with a safety pin to the bedsheet, beside the pillow or to the child's collar. The original lying position shall be maintained for 20 min to 30 min.

The child's response and the volume of nasogastric gavage shall be recorded.

6.2.4 Tube removal

Tube removal is applicable when nasogastric gavage is discontinued or when the nasogastric tube needs to be replaced during long-term nasogastric gavage.

a) A dressing bowl shall be prepared and brought to the child's bedside. Psychological care shall be provided to the child, and cooperation shall be obtained as far as possible.

b) The kidney tray shall be placed under the child's chin, and the fixation materials shall be removed.

c) The operator shall wear sterile gloves and wrap the nasogastric tube at the nostril with gauze. The child shall be instructed to take deep breaths. When the child exhales slowly, the tube shall be gently removed in one continuous movement, and the nasogastric tube wrapped with gauze shall be placed in the kidney tray. For comatose children, when the tube is withdrawn to the pharynx and throat, the nasogastric tube shall be folded back and removed quickly to prevent liquid from dripping into the airway.

d) The child's mouth, nose and face shall be cleaned, adhesive tape marks shall be wiped off, the child shall be assisted in rinsing the mouth, a comfortable lying position shall be adopted, the bedsheet shall be arranged, and the used supplies shall be cleared.

e) The time of tube removal and the child's response shall be recorded promptly in the nursing record.

f) When replacing the nasogastric tube for a child, the tube shall be removed after the last nasogastric gavage at night, and a new tube shall be inserted through the other nostril before nasogastric gavage the next morning.

g) During nasogastric gavage, aseptic operation shall be ensured, and the instruments shall be kept clean. Gauze and syringes shall be replaced once daily.

h) Oral care shall be provided to the child daily to keep the oral cavity clean and prevent oral infection.

Replacement intervals for indwelling nasogastric tubes:

a) Prolonged indwelling of the nasogastric tube, or the material of the nasogastric tube itself, may cause adhesion between the tube and the mucosa. Pressure of the nasogastric tube on the mucosa may also lead to ischemic necrosis of the mucosa. For children with long-term indwelling nasogastric tubes, the replacement interval shall be determined by referring to the manufacturer's packaging guidelines.

b) In the absence of the manufacturer's recommendations, PVC tubes shall be replaced once every 4 weeks, silicone tubes once every 21 d to 30 d, polyurethane tubes once every 8 weeks, and other nasogastric tubes generally once every 7 d. Liquid paraffin and other oily lubricants shall not be used for polyurethane tubes; warm boiled water shall be used for lubrication. After operation, tube care shall be strengthened to maintain patency of the nasogastric tube, reduce irritation of the nasopharyngeal mucosa caused by repeated tube insertion, relieve the child's discomfort, and reduce the chance of infection.

c) For conscious children who are able to communicate, more communication shall be provided, health education shall be conducted, and knowledge of catheter care shall be introduced. The child shall be informed to reduce forceful coughing and expectoration as far as possible, and to hold the nasogastric tube with the hand when coughing to prevent dislodgement of the tube.

7 Operating procedures and requirements for rectal administration of Chinese medicines

7.1 Preparation before operation

7.1.1 Instruments and medicinal liquid

a) The treatment tray shall contain an anal tube, forceps, sterile gloves, a 50 mL syringe, gauze, a treatment towel, a rubber sheet, liquid paraffin, cotton swabs, adhesive tape, toilet paper, warm water, the prepared medicinal liquid to be administered, medicine storage vessels and other necessary items.

b) The anal tube and the instruments directly in contact with it shall be disinfected before use.

c) If the prepared medicinal liquid is to be used for rectal infusion administration, it shall be placed in a treatment bowl. If it is to be used for rectoclysis, it shall be placed in a disposable infusion set, and an infusion tube without a metal puncture needle shall be inserted.

d) The temperature of the prepared medicinal liquid should be 39 °C to 41 °C.

7.1.2 Environment

Doors and windows shall be closed. The room shall be clean and hygienic, with an appropriate temperature and bright lighting, and shall be kept quiet.

7.1.3 Position of the child

The child shall remove the trousers and be placed in the left lateral position, with both knees flexed, the buttocks raised by 5 cm, and the operation area fully exposed. Children under 3 years of age may be placed in the prone position, lying prone on the parent's legs or on the bed.

7.1.4 Pre-operation care

a) Before enema administration, the child shall be asked to empty the bowels and bladder as far as possible. If necessary, the intestinal tract shall be cleaned first. The child's emotions shall be kept stable.

b) The instruments and supplies shall be prepared and brought to the child's bedside.

c) For conscious children aged 3 years or older, psychological care shall be provided. The significance of the treatment and the precautions shall be explained, and psychological comfort and encouragement shall be given to relieve the child's nervousness and fear, so as to obtain active cooperation from the child and the parents in the operation as far as possible.

d) For children who are unable to cooperate, the parents may assist before the operation by holding the child in an appropriate position.

e) The operator shall stand on the right side of the child and prepare for the operation.

f) A treatment towel and rubber sheet shall be placed under the child's buttocks, and the treatment tray shall be placed beside the buttocks.

g) The operator shall wear sterile gloves.

h) The child's anus and surrounding skin shall be cleaned.

7.2 Operating methods

7.2.1 Rectal infusion administration of Chinese medicines

a) The operator shall select an anal tube of an appropriate size, apply liquid paraffin to it, and gently insert it through the anus into the child's intestinal tract. The insertion depth shall be approximately 10 cm to 15 cm according to the child's age.

b) A 50 mL syringe shall be used to draw up the medicinal liquid and

connected to the anal tube. The medicinal liquid shall be slowly injected at a rate of 10 mL per minute.

c) After injection of the medicinal liquid is completed, 5 mL to 10 mL of warm boiled water shall be injected. The outer end of the anal tube shall be raised, and the anal tube shall be wrapped with toilet paper and removed. The anal tube shall be placed in the kidney tray, and the anus shall be wiped clean.

d) After infusion is completed, the buttocks shall be raised, and the child shall remain lying quietly for 30 min. If defecation occurs within 30 min and the medicinal liquid is discharged together with stool, the treatment may be regarded as ineffective, and enema treatment shall be repeated.

7.2.2 Rectoclysis of Chinese medicines

a) The infusion bottle containing the Chinese medicinal liquid shall be hung on an infusion stand.

b) After the anterior end of the infusion tube is lubricated, it shall be gently inserted through the anus into the intestinal tract. The insertion depth shall be approximately 10 cm to 15 cm according to the child's age.

c) The switch on the infusion tube shall be opened so that the medicinal liquid drips through the infusion tube into the child's intestinal tract. The drip rate shall be adjusted and maintained at 30 to 40 drops per minute.

d) If the child has an urge to defecate, the drip infusion may be suspended. The child shall rest briefly and be instructed to take deep breaths to prevent leakage of the medicine.

e) After drip infusion is completed, the infusion tube shall be removed. The buttocks shall be raised, and the child shall remain lying quietly for 30 min. If defecation occurs within 30 min and the medicinal liquid is discharged together with stool, the treatment may be regarded as ineffective, and rectoclysis treatment shall be repeated.

7.2.3 Post-operation care

a) The bedsheet shall be arranged, and the used supplies shall be cleared.

b) The child's response and therapeutic effect shall be observed.

c) Records shall be completed.

6.1 Preparation before operation

6.1.1 Instruments and supplies

Treatment bowl 1: three pieces of gauze, two 50 mL syringes and one pair of sterile forceps; treatment bowl 2: one piece of liquid paraffin gauze and one pair

of sterile forceps; disposable nasogastric tube; treatment towel; kidney tray; safety pin; cotton swabs; adhesive tape; one cup of warm water; gavage liquid at 38 °C to 40 °C; flashlight; sterile gloves; stethoscope; water thermometer; scissors; and small treatment tray.

6.1.2 Disinfection

a) The disposable nasogastric tube and the instruments directly in contact with it shall be disinfected before use.

b) The nasal cavity shall be cleaned before operation, and the perinasal skin shall be disinfected.

c) The operator shall wear sterile gloves.

6.1.3 Environment

The ward shall be kept clean, quiet and well lit, and unrelated personnel shall not be allowed to enter.

6.1.4 Pre-operation care

a) The instruments and supplies shall be prepared and brought to the child's bedside.

b) For conscious children aged 3 years or older, psychological care shall be provided. The significance of the treatment and the precautions shall be explained, and psychological comfort and encouragement shall be given to relieve the child's nervousness and fear, so as to obtain the child's active cooperation in the operation as far as possible.

c) For nasogastric tube insertion, pain management or sedation measures should be considered. Age-appropriate immobilization methods and non-pharmacological distraction techniques should be considered and planned. Where applicable, sucrose may be used for children under 1 year of age, and local anesthetic nasal spray may be considered for children over 2 years of age.

6.1.5 Position of the child

Cooperative children shall be placed in a semi-sitting position or sitting position, which may reduce the gag reflex when the nasogastric tube passes through the pharynx. Children who are comatose, crying or uncooperative shall be placed in a supine position or right lateral position. During administration, the child shall be placed in a semi-recumbent position, with a treatment towel placed under the chin.

8 Precautions and contraindications

The precautions and contraindications for specific operations are given in Annex A and Annex B.

WECMS

Annex A
(informative)

Precautions for internal administration in TCM pediatrics

A.1 Precautions for oral administration of decoctions in pediatrics

When taking a decoction, the child shall be in a sitting position. The medicine shall not be administered when the child is in a recumbent position; otherwise, it may easily be aspirated into the airway or cause vomiting.

A.2 Precautions for oral administration of Chinese patent medicines in pediatrics

A.2.1 Solid preparations of relatively large size, such as tablets, pills and capsules, shall not be administered directly to children under 6 years of age. When administration is necessary, they shall be broken into several small pieces before administration, or ground into powder and mixed with warm boiled water before administration.

A.2.2 When administering liquid preparations, pinching the nose for forced administration shall not be used, so as to prevent aspiration into the airway.

A.2.3 Tinctures, lozenges and chewable tablets are not suitable for children under 3 years of age.

A.3 Precautions for nasogastric gavage administration of Chinese medicines in pediatrics

A.3.1 Before nasogastric gavage, the head of the child's bed should be raised by 30° to 35°. This may prevent choking cough, reflux, vomiting and other conditions during and after administration, and reduce the occurrence of aspiration pneumonia.

A.3.2 When gastric fluid is obtained by aspiration before nasogastric gavage, the operator shall observe whether there is gastrointestinal bleeding or gastric retention, such as bloody or coffee-colored gastric fluid, or fasting gastric fluid greater than 200 mL. If such conditions are present, nasogastric gavage shall be stopped and resumed after the symptoms improve. If no abnormality is found, a small amount of warm boiled water may be slowly injected, followed by administration of the medicinal liquid for nasogastric gavage.

A.3.3 Before nasogastric gavage, the nasogastric tube shall be checked for dislodgement, loosening or coiling in the oral cavity.

A.3.4 The speed of nasogastric gavage shall be slow, and the child's response shall be observed at all times.

A.3.5 For children receiving long-term nasogastric gavage, nasal and esophageal ulcers, gastric bleeding, pulmonary infection and gastrointestinal bacterial infection shall be prevented. Nasogastric tube insertion is a mechanical and invasive procedure that directly contacts the child's mucosa. It may easily damage the mucosa and induce infection. The operator shall be technically proficient, reduce the number of repeated tube insertions, adopt accurate operating methods and appropriate positioning of the child, and improve the success rate of first-attempt tube insertion.

A.4 Precautions for rectal administration of Chinese medicines in pediatrics

A.4.1 During operation, attention shall be paid to protecting the child's dignity. Chilling shall be prevented.

A.4.2 The temperature, concentration, drip rate and volume of the medicinal liquid shall be controlled. During infusion of the medicinal liquid, if the child has abdominal distension or an urge to defecate, the child shall be instructed to open the mouth, take deep breaths and relax the abdominal muscles, while the infusion rate is appropriately slowed.

A.4.3 During administration, attention shall be paid to observing the child's response. If pallor, cold sweating, severe abdominal pain, rapid pulse, palpitation, shortness of breath or other symptoms occur, the treatment shall be stopped immediately and managed by a physician.

Annex B
(informative)

Contraindications for internal administration in TCM pediatrics

B.1 Contraindications for oral administration of decoctions in pediatrics

B.1.1 Iron vessels and other metal vessels, except those made of food-grade stainless steel (304 or 316, etc.), shall not be used for decocting Chinese medicine decoctions.

B.1.2 Pinching the nose for forced administration of decoctions shall not be used, so as to prevent aspiration into the airway.

B.2 Contraindications for nasogastric gavage administration of Chinese medicines in pediatrics

B.2.1 Nasogastric gavage administration is commonly used for children who are unable to take Chinese medicines orally due to coma, dysphagia or other conditions, as well as children who have already undergone tube insertion as required by their disease condition. This method should generally not be used for children who can receive medicines orally or by rectal administration. Absolute contraindications include gastrointestinal functional failure and inability to safely establish nasogastric access, such as severe midfacial trauma and skull base fracture. Relative contraindications include coagulation dysfunction, esophageal trauma, esophageal varices, esophageal stricture, recent history of gastric perforation or gastric surgery, and recent nasal surgery.

B.2.2 Solid preparations, such as capsules and pills, shall not be administered directly by nasogastric gavage.

B.2.3 Frequent repeated tube insertion should be avoided as far as possible.

B.3 Contraindications for rectal administration of Chinese medicines in pediatrics

B.3.1 Rectal administration should not be used in children after surgery of the anus, rectum or colon, or in children with anal diseases.

B.3.2 Rectal administration shall not be used for acute abdomen with suspected intestinal necrosis or perforation. Enema administration should not be used in cases of gastrointestinal bleeding, severe diarrhea, severe cardiovascular disease or other such conditions.

Bibliography

- [1] Chinese Pharmacopoeia Commission. Pharmacopoeia of the People's Republic of China: 2025 Edition [M]. Beijing: China Medical Science Press, 2025. [in Chinese].
- [2] China Association of Chinese Medicine. Clinical Guidelines for Diagnosis and Treatment in TCM Pediatrics [M]. Beijing: China Press of Traditional Chinese Medicine, May 2020. [in Chinese].
- [3] GB/T 30219—2013, Decocting Machine of Chinese Herbal Medicine. [in Chinese].
- [4] ISO 18665:2022, Traditional Chinese medicine — Herbal decoction apparatus.
- [5] World Health Organization. International Classification of Diseases, Eleventh Revision (ICD-11). Geneva: World Health Organization, 2022.
- [6] GB/T 42282—2022, General Requirements for Traditional Chinese Medicine Decocting Centers. [in Chinese].
- [7] GB 5749—2022, Standards for Drinking Water Quality. [in Chinese].
- [8] GB 15982—2012, Hygienic Standard for Disinfection in Hospitals. [in Chinese].
- [9] WS/T 313—2019, Specification of Hand Hygiene for Healthcare Workers. [in Chinese].
- [10] China National Committee for Terms in Sciences and Technologies. Terms in Traditional Chinese Medicine: Internal Medicine, Gynecology and Pediatrics [M]. Beijing: Science Press, 2011. [in Chinese].
- [11] China National Committee for Terms in Sciences and Technologies. Terms in Traditional Chinese Medicine: Surgery, Dermatology and Proctology [M]. Beijing: Science Press, 2014. [in Chinese].
- [12] World Health Organization. Pocket book of hospital care for children: guidelines for the management of common childhood illnesses [M/OL]. 2nd ed. Geneva: World Health Organization, 2013 [2025-12-19]. <https://iris.who.int/server/api/core/bitstreams/8f110da0-22e6-4ef1-90e4-c9f1b7daa363/content>
- [13] Royal Children's Hospital (RCH). Nasogastric and Orogastric Tube Insertion and Management [EB/OL]. [2025-12-19]. https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Nasogastric_and_Orogastric_Tube_Insertion_and_Management/#introduction.
- [14] NHS England. Patient safety alert: Nasogastric tube misplacement: continuing risk of death and severe harm [EB/OL]. London: NHS England, 2016 (2022-02-14)[2025-12-19]. <https://www.england.nhs.uk/publication/p>

atient-safety-alert-nasogastric-tube-misplacement-continuing-risk-of-death-and-severe-harm/.

[15] NHS England. Patient Safety Alert: Nasogastric tube placement devices DO NOT replace initial position checks: Alert reference number: NHS/PSA/W/2013/001 [R/OL]. London: NHS England, 2013 [2025-12-19]. <https://www.england.nhs.uk/wp-content/uploads/2019/12/psa-ng-tube.pdf>.

[16] NSW Health. Nasogastric and Orogastric Tube Insertion and Management in Neonates, Infants and Children [M/OL]. Sydney: NSW Health, 2023[2025-12-19]. https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2025_015.pdf

[17] Irving S Y, Rempel G, Lyman B, et al.; The American Society for Parenteral and Enteral Nutrition (ASPEN). Pediatric Nasogastric Tube Placement and Verification: Best Practice Recommendations From the NOVEL Project [J/OL]. *Nutrition in Clinical Practice*, 2018, 33 (4): 511-526 [2025-12-19]. <https://aspennjournals.onlinelibrary.wiley.com/doi/10.1002/ncp.10189>. DOI: 10.1002/ncp.10189/