

People outside the statistics: Did they die of "ordinary pneumonia"? 统计数字之外的人:他们死于“普通肺炎”?

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1月31日, 武汉武昌医院内, 发热病人在排队输液
January 31, Wuhan Wuchang Hospital, fever patients in the queue for infusion

《财经》采访的10余位病患家庭, 多数全家感染。他们还搀扶着病危的老人、孕妇辗转在各家医院, 他们的家人们处于生死一线

《财经》记者 房宫一柳 黎诗韵 刘以秦 信娜 实习生马可欣 | 文

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2020年1月26日, 刘梅一家接到了一张火化单。她的婆婆、73岁的老人在家中没了呼吸, 送去医院抢救无效后死亡。

刘梅告诉《财经》记者, 老人在1月21日出现疑似新型冠状病毒肺炎的症状, 在武汉市第四医院检查后诊断结果显示肺部高度感染。但老人辗转数家医院仍未被住院收治, 只能在家自我隔离, 直至病危。

老人被送上救护车后, 家人再没见过她。他们最后收到的只有一张火化单, 显示老人的死亡原因是: 病毒性肺炎。但据家人说, 老人的离世并未被计入新冠肺炎的确诊死亡数字中——因为直到去世, 她也没有得到住院资格, 也没有被确诊为新冠肺炎, 只能被算作因“普通肺炎”而去世的不幸者。

老人仓促离世, 没有体面的收拾、没有家属的送别, 至今骨灰还在殡仪馆里。

刘梅家得不到救治而离世的亲人并非孤例。《财经》记者多方调查了解到, 尽管目前武汉各大定点医院发热门诊的就医人数比1月23日刚“封城”时有所下降, 定点医院也已开至第三批, 但一床难求的情况并没有完全得到缓解。确诊、疑似数字攀升的同时, 仍有很多疫情统计数字之外的人命悬一线。

一位定点医院的科室主任告诉《财经》记者, 这两天医院门诊一天有120名左右发热病人, 其中大约80名有肺部感染, 但只有5名可能最终被收住院。

“我们只能让剩下75名收不进来的病患, 回到家里去。患者没办法, 我们也

Most of the more than 10 families of patients interviewed by Caijing had their entire families infected. They also helped their dying elderly, and in some case pregnant women, move to various hospitals, and their families were on the front line of life and death

Caijing Reporters: Fang-gong Yi-liu, Li Shiyun, Liu Yiqin, [Iris Xin](#), Intern Ma Kexin | Text

Song Wei | Editor

On January 26, 2020, **Liu Mei's** family received a cremation order. Her mother-in-law, a 73-year-old person, could not breathe any more at home and died after being taken to the hospital.

Liu Mei told reporters from Caijing that the old woman showed symptoms of suspected novel coronavirus pneumonia on January 21. After examination at Wuhan Fourth Hospital, the diagnosis showed that the lungs were highly infected. However, the old woman could not be admitted in several hospitals for treatment, and she could only self-isolate at home until she was critically ill.

After the old woman was taken to the ambulance, the family never saw her again. The last thing they received was a cremation slip, which showed that the cause of her death was viral pneumonia. However, according to the family, her death was not included in the number of confirmed deaths from the new coronavirus pneumonia, because until her death, she was not eligible for hospitalization and was not diagnosed with new coronavirus pneumonia, and was only counted as an unfortunate person who died of “ordinary pneumonia”.

The old woman passed away in a hurry, without a decent send-off, without a farewell from her family, and her ashes are still in the funeral home.

The relatives of Liu Mei's family who passed away without treatment are not alone. “Caijing” reporters have learned from multiple investigations that although the number of fever outpatients in major designated hospitals in Wuhan has declined compared to when the city was first “closed” on January 23, designated hospitals have also been opened to the third batch, but the difficult situation of finding a bed has not been completely alleviated. While the number of confirmed and suspected cases has risen, there are still many lives outside the epidemic statistics on the line.

A department director of a designated hospital told a reporter from Caijing that there were about 120 fever patients in the outpatient department of the hospital in the past two days, of which about 80 had lung infections, but only 5 may eventually be admitted to the hospital.

没办法。”该主任告诉《财经》记者。

这名主任说，一般来说，双肺CT呈毛玻璃状病灶，基本可算作疑似，但只有被收治入院的患者才能统计为疑似，才有资格做核酸试纸检查。做完核酸试纸检查的患者其中至少80%能被确诊，之后即被转去其他定点医院。

《财经》了解到，该医院已有至少5起死亡疑似病例是未被确诊的，因此也不计入确诊死亡人数中。这意味着，目前人们所能看到的确诊、死亡病例数字，并不能完全反映这次疫情的全貌。

“We can only let the remaining 75 patients who cannot be admitted go home. The patient can't do anything about it, and neither can we.” The director told reporters from Caijing.

The director said that in general, double lung CT has grounded-glass like lesions, which can basically be counted as suspected, but only patients admitted to the hospital can be counted as suspected and are eligible for nucleic acid test strips. At least 80% of patients who have completed nucleic acid test strips can be diagnosed [as proper cases], and then they are transferred to other designated hospitals.

"Caijing" learned that at least 5 suspected cases of death in the hospital have not been diagnosed, so they are not included in the confirmed death toll. This means that the current number of confirmed and dead cases that people can see does not fully reflect the full picture of the epidemic.

武汉医院现状

批次	医院名单	区域	电话	总床位	剩余床位	是否有核酸试纸检测	核酸试纸数量	备注
最基础	武汉市金银潭医院	东西湖区	027-85748620					转诊定点医院，跟医院对接，患者统一调配过来。没有权利接收病人
	武汉市肺科医院	东西湖区	027-86465341	100	无			本来正常床位改造成隔离床位后，3人间变成1人间，所以床位数量大减。并且手术间不能改造。床位等火神山、雷神山医院建立好那里会有
第一批（7家）	武汉市汉口医院	江岸区	027-51175179					打不通或没人接
	武汉市红十字会医院	江汉区	027-85877677					打不通或没人接
	武汉市七医院	武昌区	027-87362027		无			爆满，床位等火神山、雷神山医院建立好那里会有
	武汉市四医院西院区	硚口区	027-83782519	300	无			住满，门诊不一定能做核酸检测，住院的需要根据病情情况决定是否要做检测
	武汉市九医院	青山区	027-68665484（财务）/027-68865299（住院）					床位紧张
	武汉市武昌医院	武昌区	027-88114561	500多		是		住院病人500多，每天都有人在排核酸检测；要住院需要确诊后再排队。确诊的人已经排了好几天，需要等病人出院才有新的床位，病情严重的话打120可以去接
	武汉市五医院	汉阳区	027-84812615	600多	无	是	按天给，1月30号100份，1月31号没有	都住满了，急救室上呼吸机的病人都没住进去的
第二批（3家）	武汉市中心医院后湖院区	江汉区	027-82857342					打不通或没人接
	武汉市三医院光谷院区	洪山区	027-65399492					打不通或没人接
	武钢二医院	青山区	027-96213018					打不通或没人接
第三批（14家）	同济医院中法新城院区	蔡甸区	027-69378084					打不通或没人接
	协和医院西区	武汉经济技术开发区	027-84269602	无	无	否		床位改造升级中，暂时没有
	湖北省人民医院东院	东湖高新区	027-88041911-83073					收治的都是120送来或其他医院送来的危重病人。床位比较紧张，没有收到通知可以对外收治病人。没有官方明确通知有多少病床
	湖北省中西医结合医院	江汉区	027-65600873	1000多	无	否		床位满，门诊可以，每天300~400发热病人。通过CT和抽血初步诊断。标本送到金银潭等医院确诊。无核酸试纸。CT不用排队，可以当天做
	武汉科技大学附属天佑医院	武昌区	027-51228666	还没开		否		确诊后再来询问床位，目前还没开。只有10家医院有核酸检测
	武汉市第六医院	江岸区	027-82419049			是		床位紧张，并且有很多人排队。要排4~5天才能排到。现在病房还在改造为传染病房中，危重优先入院。门诊没有核酸检测，住院后才会做核酸检测。核酸检测排队人也很多
	武汉市中医院汉阳院区	汉阳区	027-94476926		无			现在好多住院病人都没有确诊，医院没有能力进行核酸试纸检测，需要采集后送给疾控，疾控那边要等，所以很慢
	武汉紫荆医院	武昌区	027-86838088					打不通或没人接
	湖北六七二中西医结合骨科医院	洪山区	027-86643933					打不通或没人接
	武汉市新洲区中医院	新洲区	027-96922482					没有告知床位信息，让家属社区，通过社区、街道网格化管理。由相关部门统一调度
	蔡甸区妇幼保健院	蔡甸区	027-94942976					打不通或没人接
	武汉市黄陂区中医院	黄陂区	027-85912372					打不通或没人接
	武汉侨亚博爱康复医院	江夏区	027-87960808					打不通或没人接
	武汉市汉南区中医院	汉南区	027-84852513					需先到汉南区人民医院，根据病情的重轻，由它们来确诊，它们来定
	武汉大学人民医院	武昌区	027-88041911	无		否		病房还没有开设出来，2号左右可能有
	武汉第二医院	江岸区	027-82211488		无			向床位信息和核酸检测信息先联系社区
	武汉市新洲区人民医院	新洲区	027-86921811	无				没有床位，2020/1/31转了28位患者到新洲区中医院
其他	蔡甸区疾控中心	蔡甸区	027-84999700					不接受病人，没有核酸检测

来源：《晚点LatePost》记者根据采访整理

([点击可查看大图](#) 武汉各大定点医院现状，信息经《财经》记者及志愿者反复核查)
(Click to view a larger picture of the current status of major designated hospitals in Wuhan. The information has been repeatedly verified by reporters and volunteers of "Caijing")

从目前的调查来看，患者主要有两条路径可以入院。一是靠社区排队：1月24日武汉社区分流政策实施后，病人需要拿着住院单入院——病患先去社区交CT、血常规报告，社区上报街道，再根据轻重缓急对接医院的新开床位；二是去有核酸试纸的定点医院，48小时拿结果，确诊后就不能被医院拒收。

要走通这两条路径并不容易，每一条都可能是无尽的等待。但对于重症患者来说，每一分钟都可能是生与死的煎熬。

《财经》近日先后采访的10多位病患家庭，多数家庭全家感染，他们还搀扶着病危的老人、孕妇辗转在各家医院。“[医院告诉我们只能自救](#)。”多位患者家属告诉《财经》记者，他们的家人正处于生死一线。

截至2020年1月31日24时，湖北省累计报告新型冠状病毒感染的肺炎病例7153例。其中武汉市3215例。

WHO(世界卫生组织) 的Twitter主页上有一句话：[记住，这些都不是数字，而是真正的人](#)。不幸的是，还有一些未被囊括进去的人，他们的生死故事都在统计之外。

Judging from the current investigation, there are two main paths for patients to be admitted to the hospital. One is to rely on the community centres to start the process: after the implementation of the Wuhan community diversion policy on January 24, patients need to be admitted to the hospital with a hospitalization slip, so the patient first goes to its building community to submit a CT and blood routine report, the building community reports to the street minders, and then connects to the newly opened beds in the hospital according to the priority; the second is to go to a designated hospital with nucleic acid test strips and get the results within 48 hours. After the diagnosis, it cannot be rejected by the hospital.

It is not easy to walk through these two paths, each of which may be endless waiting. But for severely ill patients, every minute can be a torment of life and death.

"Caijing" recently interviewed more than 10 families of patients, most of whom were infected with their whole families, and they also helped the critically ill elderly and pregnant women to and from various hospitals. “[The hospital told us that we can only save ourselves](#).” A number of patients' families told reporters from Caijing that their families were on the frontline of life and death.

As of 24:00 on January 31, 2020, Hubei Province has reported a total of 7,153 cases of pneumonia from the novel coronavirus infection. Among them, there were 3,215 cases in Wuhan City.

There is a sentence on the Twitter homepage of the WHO (World Health Organization): ‘[Remember, these are not numbers, but real people](#)’. **Unfortunately, there are still some people who have not been included, and their life and death stories are outside the statistics.**

艰难求生路

“父亲不停说，自己没有死在70年前的战场，却可能死在医疗资源调配失控的现在。”

“医生明确说了，父亲是新型冠状病毒，但因为没检测盒无法确诊。”孙晨告诉《财经》记者。

孙晨说，1月26日，在家自我隔离的父亲突然咳血。孙晨慌忙将父亲送去华中科技大学同济医院做了检查，检查结果显示：肺部中重度感染。但这份CT检查并没能让父亲得以入院治疗，因为没有经过完整的确诊流程。

医院让孙晨父亲在家里隔离、吃药，但孙晨意识到，“我身边的例子都很严重了，我一定要把父亲送到隔离病床上去。”

床位意味着什么？因为没有床位，家住汉阳的李开蒙在家里眼看着父亲艰难呼吸了一晚上，最终咽了气。他的父亲生前是一位军人转业干部，是家里的顶梁柱。父亲不幸去世后，殡仪馆的车过了十多个小时才到，他们也很忙，一趟得拉好几个。

家在武汉的铁路职工陈力的奶奶，也因为没病床，在汉口医院的门诊大厅坐了三天，最后没有撑住，抢救无效去世。奶奶同样没有经过确诊流程，也不计入统计数据。

一家定点医院医生告诉记者，新冠肺炎没有特效药，对于中度、轻度患者，门诊和住院的治疗方式本质不会差太多。但对于重症病人来说却有很大区别。对于那些一直在家隔离、但身体已经难以支撑的病人来说，住进医院成了他们最后的希望。

“医生建议我和爸爸都想办法去住院，特别是我爸爸不能拖下去了，随时可能有生命危险。”从1月27日开始，杜红利的父亲开始吃不下饭、说不出话。

武汉梨园医院检查结果显示，杜红利的父亲双肺毛玻璃状病灶严重，肺部斑点明显，血氧只有90，表明患者出现严重缺氧的症状。

杜红利带着父亲，把所有方法都试了一遍。1月27日，他去社区做了登记，一直没有消息。他自己也是肺部感染，还发着低烧。他向朋友借了一辆面包车，强撑着带父亲到处寻找医院收治。

有300多个床位的武汉672医院，没有住院单不让进；新开放的有700个床位的武汉协和医院汉阳分院也告诉他：要等。

1月28日，杜红利赶到区政府信访办，得到的答复还是没有床位；找卫健委，对方回复称没有办法解决，只能等。因为没有办法跨区域协调病人，只能等所在区域的对口医院收治。

杜红利的父亲曾参军15年，上过抗美援朝的战场，曾是两位高级将领的贴身警卫。杜红利告诉《财经》记者，现在全家被感染，自己头晕胸闷的症状也越来越厉害，不知道还能带着父亲扛多久。

Difficult road to survival

"My father kept saying that he didn't die on the battlefield 70 years ago, but he might die now when the allocation of medical resources is out of control."

"The doctor made it clear that the father is ill with the new coronavirus, but he cannot be diagnosed because there is no test kit." Sun Chen told reporters from Caijing.

Sun Chen said that on January 26, his father, who was self-isolating at home, suddenly coughed up blood. Sun Chen hurriedly sent his father to Tongji Hospital of Huazhong University of Science and Technology for an examination. The examination results: the lungs are moderately to severely infected. However, this CT examination did not allow his father to be admitted to the hospital for treatment because he did not go through a complete diagnosis process.

The hospital asked Sun Chen's father to isolate and take medicine at home, but Sun Chen realized, "The cases around me are very serious, and I must send my father to the isolation bed."

What does this mean? Because there was no bed, Li Kaimeng, who lived in Hanyang, watched his father breathe hard all night at home, and finally breathe his last. His father was a soldier-turned-cadre during his lifetime and was the backbone of the family. After the unfortunate death of his father, it took more than ten hours for the funeral home car to arrive. They were also very busy, and they had to collect several on the same trip.

The grandmother of Chen Li, a railway worker who lives in Wuhan, also sat in the outpatient hall of Hankou Hospital for three days because she didn't have a hospital bed. In the end, she didn't hold on and one could not save her. Grandma also did not go through the diagnosis process and was not included in the statistics.

A doctor from a designated hospital told reporters that there is no special medicine for the new coronavirus pneumonia. For moderate and mild patients, the outpatient and inpatient treatment methods will not be much worse. But for severely ill patients, there is a big difference. For those patients who have been quarantined at home, but their bodies are no longer able to support them, admission to the hospital has become their last hope.

"The doctor suggested that my father and I find a way to go to the hospital, especially as my father can't drag it on, his life may be in danger at any time." Starting from January 27th, Du Hongli's father has been unable to eat or speak.

The examination results of Wuhan Liyuan Hospital showed that Du Hongli's father had severe ground-glass like lesions on both lungs, obvious spots on his lungs, and only 90% blood oxygen, indicating that the patient had symptoms of severe hypoxia.

Du Hongli took his father and tried all the methods. On January 27th, he went to the community to register, but there has been no news. He himself has a lung infection and has a low fever. He borrowed a van from a friend and took his father everywhere to find a hospital for treatment.

Wuhan 672 Hospital¹, which has more than 300 beds, won't admit anybody without a hospitalization order; the newly opened Hanyang Branch of Wuhan Union Hospital, which has 700 beds, also told him to wait.

On January 28th, Du Hongli rushed to the District government's Petition and Visit Office, but the reply he received was that there was still no bed; when he approached the Health Commission, the other party replied that there was no way to solve it, so he had to wait. Because there is no way to coordinate patients across regions, they can only wait for the counterpart hospital in their region to admit them.

Du Hongli's father has been in the army for 15 years and has been on the battlefield against the United States and North Korea. He was the personal guard of two senior generals. Du Hongli told reporters from Caijing that now that the whole family is infected, his symptoms of dizziness and chest tightness are getting worse, and he doesn't know how long he can carry his father.

¹ Wuhan No.2 Hospital of Traditional Chinese & Western Medicine. See DRASTIC interactive map: bit.ly/3q5DoSD.



杜红利的父亲曾参军15年 上过抗美援朝的战场
Du Hongli's father has been in the army for 15 years and has been on the battlefield to resist US aggression and aid North Korea.

他父亲不停对他说，自己没有死在几十年前的战场，却可能死在医疗资源调配失控的现在。“每天看见医院门口除了120的车，就是殡仪馆的车，只剩绝望和无助。”

父亲不便挪动，杜红利每天带着父亲在协和医院汉阳分院门诊打针，睡在医院旁的宾馆。或是一早就去武汉同济医院、协和医院排队领试纸，但是每天协和试纸限量100份，往往一过去已经没了。直到记者发稿，杜红利的父亲也没能住进医院，因为仍然没机会经历完整的确诊流程。

武汉市民王女士告诉《财经》记者，母亲已经在家休克过两回了。母亲年开始一直在社区打针吃药。1月23日母亲感到身体异常难受，便和父亲一起骑车去了汉口医院，排队12个小时才做完CT，结果显示：双肺感染。

王女士说，当时医院没有点滴可打，就连抵制流感的药物“奥司他韦”也不够了，只能给母亲开了儿童剂量的药。之后母亲只能回家自我隔离，靠着家里的吸氧机度日。“[有一次我妈妈休克了，我爸爸就抱着我妈妈哭，以为她过去了。](#)”

之前，两位老人家“[能自己解决的事绝不麻烦别人](#)”，但接连两次晕厥，让他们不得不拨通女儿的电话。

但此时，王女士和丈夫也都感染了，她要照顾高烧不退的丈夫，自己的双肺也出现了毛玻璃状症状。过不去已经被封路的父母家，王女士为父母拨打了120，但是前面排队将近500人。“当时120说前两天打的人都没有送进医院去，没什么希望。”

熬到当天下午三、四点，两位老人已经全身乏力，但还是挣扎着骑上自行车去医院。

王女士继续拨打市长热线。第二天，市长热线反馈：“[你要找你的社区上报，社区给街道反映，街道给指挥部反映。如果有床位了，指挥部会通知医院安排，然后再安排你们去。](#)”

华中科技大学中国基本医疗保障研究中心副主任姚岚教授对《财经》记者表示，发挥基层卫生服务体系的作用，实行真正的分级诊疗，是避免人群扎堆医院、防止交叉感染的有效措施。

但是对于重症者来说，每一分钟都是生与死的煎熬，他们不知道社区的上报和等待需要多久。“从头到尾社区我们都有上报，他们都表示说没有办法，只是说在反映，但什么时候是个头？”王女士说。

在这期间，他们试了所有能拨的电话、能找的关系，王女士甚至还打了110

His father kept telling him that he did not die on the battlefield decades ago, but may die now when the allocation of medical resources is out of control. “Every day I see that except for the 120 cars at the entrance of the hospital, they are the funeral home cars, leaving only despair and helplessness. ”

It is inconvenient for his father to move, so Du Hongli takes his father to get injections in the outpatient clinic of the Hanyang Branch of the Union Hospital every day and sleeps in the hotel next to the hospital. Or go to Wuhan Tongji Hospital and Xiehe Hospital early in the morning to line up to get the test strips, but the Xiehe test strips are limited to 100 a day, and they are often already gone. By press time, Du Hongli's father was not yet admitted to the hospital because he still did not have the opportunity to go through the complete diagnosis process.

Ms. Wang, a citizen of Wuhan, told reporters from Caijing that her mother had been in shock at home twice. My mother has been getting injections and medicines in the community since a year ago. On January 23, the mother felt extremely uncomfortable, so she rode to Hankou Hospital with her father. She waited in line for 12 hours before completing the CT. The results showed that she had a double-lung infection.

Ms. Wang said that at that time, the hospital did not have a drip to be given, and even the flu-fighting drug “oseltamivir” was rationed. She could only prescribe a child dose to her mother. After that, the mother could only go home and self-isolate, relying on the oxygen machine at home to live. “[Once my mother was in shock, my father hugged my mother and cried, thinking she had passed.](#) ”

Before, the two elderly people “[would never trouble others if they could solve things by themselves,](#)” but two consecutive syncopes made them have to ring their daughter.

But at this time, Ms. Wang and her husband were also infected. She had to take care of her husband, who had a high fever, and her lungs also showed ground-glass symptoms. Unable to get to her parents' house, which had been closed off, Ms. Wang dialed the 120 ambulance service for her parents, but there were nearly 500 people in the ambulance queue in front of her. “At that time, 120 said that none of the people who had called in the previous two days had been collected and sent to hospital, and there was no hope. ”

By three or four o'clock in the afternoon of the same day, the two old people were already weak, but they still struggled to get on their bicycles and go to the hospital.

Ms. Wang continued to call the mayor's hotline. The next day, the mayor's hotline gave feedback: “[You have to report to your building community, the building community will report to the street, and the street will report to the command centre. If there are beds available, the command will notify the hospital to make arrangements, and then arrange for you to go.](#)”

Professor Yao Lan, deputy director of the China Basic Medical Security Research Center of Huazhong University of Science and Technology, told reporters from Caijing that giving full play to the role of the community health service system and implementing truly hierarchical diagnosis and treatment are effective measures to avoid people crowding the hospitals and prevent cross-infection.

But for the seriously ill, every minute is a torment of life and death, and they don't know how long it will take for the building community to send a report and then wait for an answer. “From beginning to end, we have reported to the building community. They all said that there is no way, they just said that they are looking at it, but when is the end?” Ms. Wang said.

During this period, they tried all the phones they could dial and all the

，最后110给了她一个固定电话，打过去对方说必须要跟社区联系。 1月29日，王女士感到爸妈已经撑不下去了，王女士不得已再次求助120。120明确说，只有联系好医院的床位，才能派车过来。 王女士想起在网上看到的，华中科技大学协和西院区加了700张床位，于是劝说120带着父母去了协和西院。到医院已是晚上9点，120急救人员说，“(医院)人非常多，急诊室外面都躺满了人，而且并没有急救设备，排队有可能会排不上你。” 关于那700多张床位，据说因为医生的防护服不够，暂时不能全部开放，“因为一旦开放了，医生没有设备上去也会感染。” 120急救人员让王女士赶紧选第二家医院，她恳求救护车把父母拉到武昌医院。她也拿着被子、暖手宝过去，到了医院，王女士自1月20日之后第一次见到了父母。 他们脸色苍白，父亲高烧39度多，站都站不稳，母亲躺在救护车里吸氧。没有床位，医院不收。120的人在旁边催促，他们已经在这家人身上花了三小时。 这时，她的母亲做出决定。她双手合十对急救人员说：“我死也要死在家里，我不再出门了，已经没有希望了，求求你们把我抬回去吧。”120让王女士签完字，重新把她母亲带上车，关上了车门。 看着救护车驶离，王女士再也忍不住。她蹲下身子，坐在被子上嚎啕大哭。 漫长的收治流程 武汉某定点医院一位医生称，该院收了600位重症病人，但无一确诊。“缺试纸，但我们也搞不懂为什么会缺。” 《财经》记者了解到，目前只有两种路径可被收治入院。一是靠社区排队，病患先去社区交肺部CT、血常规报告，社区上报街道，再根据轻重缓急对接医院的新开床位，病人需要拿着住院单入院；二是去有核酸试纸的定点医院排队，48小时拿结果，确诊后就不能被医院拒收。 1月24号，武汉市新冠病毒疫情防控指挥部发布7号通告要求，发热居民需进行分级分类筛查。社区是此次疫情的承压阀。武汉市规定，个人发热需要向社区网格员汇总，报社区居委会，再上报社区卫生服务中心，接着轻症者自行前往或居家观察，而重症者救护车接送，去往定点发热门诊。 作为武汉花桥街某社区的一名社工，王木从除夕开始，连轴转了8天。他们每天会跟踪发热居民的状况。4点前，王木需上报社区内发热病人的名单，其中单独一份为发热重症病人名单。这份名单将上传至街道及所在区，评估后，社区能够得到通知，“哪位病人，什么时间，可以到哪家医院治疗”。 根据《财经》在武汉一线记者获取的社区上报标准如下：	contacts they could find. Ms. Wang even called 110, and finally 110 gave her a fixed phone number, which then said that they had to contact the building community. On January 29th, Ms. Wang felt that her parents could no longer hold on, so Ms. Wang had to turn to 120 again. 120 made it clear that only after calling the hospital for a bed that an ambulance can be sent over. Ms. Wang remembered what she had seen on the Internet that 700 beds had been added to the Xiehe West Campus of Huazhong University of Science and Technology, so she persuaded 120 to take their parents to Xiehe West Campus. It was 9 o'clock in the evening when I arrived at the hospital. The 120 first responders said, “(The hospital) is very crowded. The emergency room is full of people lying around, and there is no emergency equipment. You may not be able to get in the queue. ” Regarding the more than 700 beds, it is said that because of the lack of protective clothing for the doctors, they are not all available for the time being, “Because once they are released, the doctors will get infected if they don't have the equipment.” The 120 first responders asked Ms. Wang to quickly choose a second hospital. She begged the ambulance to take her parents to Wuchang Hospital. She also took the quilt and hand warmer over, and when she arrived at the hospital, Ms. Wang met her parents for the first time since January 20. Their faces were pale, their father had a high fever of more than 39 degrees, and they couldn't stand still, and their mother was lying in the ambulance taking oxygen. There are no beds and the hospital does not accept them. The ambulance people were in a rush, and they had already spent three hours on this family. At this time, her mother made a decision. She put her hands together and said to the first responders: “I shall die at home. I don't want to go out anymore. There is no hope. Please take me back.” The 120 ambulance people asked Ms. Wang to sign the papers, then put her mother back in the ambulance again and closed the door. Watching the ambulance leave, Ms. Wang couldn't help it anymore. She squatted down, sat on the quilt and cried. Long admission process A doctor at a designated hospital in Wuhan said that the hospital admitted 600 severely ill patients, but none of them were diagnosed. “There is a shortage of test strips, but we don't understand why there is a shortage. ” The reporter of "Caijing" learned that there are currently only two ways to be admitted to the hospital. One way is to rely on the building community to enter the queuing process. Patients first go to their building community to submit lung CT and blood routine reports, the community reports to the street, and then allocate the newly opened beds in hospitals according to the priority. The patient needs to be admitted to the hospital with a hospitalization note; The second way is to go to a designated hospital with nucleic acid test strips to line up and get the results within 48 hours. After diagnosis, the case cannot be rejected by the hospital. On January 24th, the Wuhan New coronavirus Virus Epidemic Prevention and Control Command issued Circular No. 7 requesting that residents with fever be screened for grading and classification. The community is the pressure valve of this epidemic. Wuhan City stipulates that personal fever needs to be reported to the community grid contact person, reported to the community neighborhood committee, and then reported to the community health service center, and then the mildly ill go on their own or at home for observation, while the seriously ill are picked up by ambulance and sent to the designated fever clinic. As a social worker in a community on Huaqiao Street in Wuhan, Wang Mu has been rotating for 8 days since New Year's Eve. They will track the status of fever residents every day. Before 4 o'clock, Wang Mu needs to report the list of patients with fever in the community, of which a separate list is the list of patients with severe fever. This list will be uploaded to the street and the district where it is located. After the evaluation, the community will be notified, “Which patient, when, and which hospital can I go to for treatment.” According to the community reporting standards obtained by reporters of "Caijing" on the front line in Wuhan, the standards are as follows：
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发热人员的标准是: 1.发烧37.5度以上; 2.咳嗽; 3.乏力。 疑似人员的标准是: 1.CT检查结果为双肺毛玻璃样改变; 2.血常规检查白细胞异常; 3. 含发热人员标准。 重症人员的标准是: 1. 血氧饱和度降低; 2.呼吸困难; 3.有基础疾病; 4.年龄偏大、体质弱者; 5.含发热和疑似人员标准。 事实上, 很多病患家属告诉《财经》记者, 就算社区和医院都建议患者立马住院, 仍不保证有床位可以住进去。 传染病对隔离的要求, 使得医疗资源空前紧张。以往有着上千床位的医院, 设置隔离单间以后, 床位可能只剩下原来的三分之一甚至不到。 武汉某定点医院一位医生告诉《财经》记者, 该定点医院就有大量拿着住院单排队等候, 但因为床位紧张无法住进来的病例。 王木所在社区的负责人告诉《财经》记者, 仅30日一天, 他就有100多条通话记录。电话那头, 会突然传来痛哭, 或者呼喊, “我只能尽量安慰他们, 每天心情好点, 免疫力提升, 身体也会好起来”, 该负责人说。 另一条住院路径——病患去定点医院排队确诊之路, 也颇为漫长。 刘梅说, 她的婆婆去世后, 她的大哥、二哥和自己老公也被感染, 病情加重, 急需住院。他们2月1日去同济医院排队领核酸试纸, 被告知一天只有10份。 截至发稿前, 武汉市共10家机构可进行病原核酸检测, 分别是: 武汉市金银潭医院、武汉市肺科医院、华中科大附属同济医院、华中科大附属协和医院、湖北省人民医院、武汉大学中南医院、武汉市第一医院、武汉市中心医院、武汉市第三医院和武汉市疾病预防控制中心。 武汉某定点医院一位医生告诉《财经》记者, 该院收了600位重症病人, 但无一确诊。“缺试纸, 但我们也搞不懂为什么会缺。” 什么样的患者才能用上核酸试纸? 武汉市第三医院的医生称, 医院进行检查后, 如果医生认为需要住院治疗, 患者才能住院并做核酸检测。 中南医院一员工表示: “申请做核酸检查只能让医生开疑似病例报告卡, 但只有很紧急的情况才会填写这个报告卡。” 但什么才算“很紧急情况”, 《财经》记者询问多处, 并未获得准确答案。 不少患者和医生的困惑是: 1.武汉卫健委在27号称, 原则上每天可检测样本本近2000份, 但为什么总是缺少核酸试纸? 2.做了检测也无法第一时间出具确诊报告。 据第一医院的医生说, 检测需要一天的时间, “今天做了, 明天能知道一个大概的结果”, 但问题是第一医院无法发出确诊报告, 而目前定点医院只能凭报告才能接收病人入院。 当记者问到哪些机构能出确诊报告时, 该医生表示: “这我也不清楚, 也许同	The standards for fever personnel are: 1. Fever above 37.5 degrees; 2. Cough; 3. Fatigue. The criteria for suspected persons are: 1. The result of the CT examination was a frosted glass-like change in both lungs; 2. Routine blood examination for abnormal white blood cells; 3. Including fever personnel standards. The standards for critically ill personnel are: 1. Blood oxygen saturation decreases; 2. Difficulty breathing; 3. Have basic diseases; 4. Those who are too old and weak in physique; 5. Including fever and suspected personnel standards. In fact, many family members of patients told reporters from Caijing that even if the community and hospitals recommend that patients be hospitalized immediately, there is still no guarantee that there will be beds available. The requirements of infectious diseases for isolation have made medical resources unprecedented. In hospitals with thousands of beds in the past, after the isolation unit was set up, only one-third or less of the original beds may be left. A doctor in a designated hospital in Wuhan told a reporter from Caijing that there are a large number of cases in the designated hospital waiting in line with hospitalization orders, but they cannot be admitted because of a lack of beds. The person in charge of Wang Mu's community told reporters from Caijing that he had more than 100 records of calls on the 30th alone. On the other end of the phone, there will suddenly be crying or shouting, “I can only try to comfort them. I feel better every day, my immunity improves, and my body will get better,” the person in charge said. Another path to hospitalization-the road for patients to go to designated hospitals to line up for diagnosis is also quite long. Liu Mei said that after her mother-in-law passed away, her eldest brother, second brother and her husband were also infected and their condition worsened and they urgently needed to be hospitalized. They went to Tongji Hospital to line up for nucleic acid test strips on February 1st and were told that there were only 10 available per day. As of the press release, a total of 10 institutions in Wuhan can perform pathogenic nucleic acid testing, namely: Wuhan Jinyintan Hospital, Wuhan Pulmonary Hospital, Tongji Hospital Affiliated to Huazhong University of Science and Technology, Union Hospital Affiliated to Huazhong University of Science and Technology, Hubei Provincial People's Hospital, Wuhan University Central South Hospital, Wuhan First Hospital, Wuhan Central Hospital, Wuhan Third Hospital and Wuhan Center for Disease Control and Prevention. A doctor at a designated hospital in Wuhan told a reporter from Caijing that the hospital had admitted 600 severely ill patients, but none of them were diagnosed. “There is a shortage of test strips, but we don't understand why there is a shortage.” What kind of patients can use nucleic acid test strips? Doctors at Wuhan No. 3 Hospital said that after the hospital conducts an examination, if the doctor believes that hospitalization is required, the patient can be hospitalized and have a nucleic acid test. An employee of Zhongnan Hospital said: “Applying for a nucleic acid test can only allow doctors to issue a suspected case report card, but only in very urgent cases will this report card be filled out.” But what is considered a “very urgent situation”, the reporter of "Caijing" asked many times, but did not get an accurate answer. The confusion of many patients and doctors is: 1). On the 27th, the Wuhan Health Commission said that in principle, nearly 2,000 samples can be tested every day, but why is there always a lack of nucleic acid test strips? 2). After the test, it is impossible to issue a diagnosis report as soon as possible. According to the doctor of the Wuhan First hospital, the test will take one day. “If done today, one gets an approximate result tomorrow.” But the problem is that the first hospital cannot issue a diagnosis confirmation report, and at present, designated hospitals can only admit patients based on the report.
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济、协和可以。患者病情越来越重，也是因为拿不到这个确诊报告，就没有床位。”

对于疑似病患数据的统计，医生的判断标准是“低热、咳嗽、肺部CT结果”。上述定点医院医生说，他会上报给科室，但后面的统计过程他并不了解。而另一家定点医院的主任告诉《财经》记者，被收入的重症病患才能算疑似，需要确诊进一步治疗。

1月30日，武汉某定点医院开始上报需要确诊检测的疑似病患人数，从科室、到医院、到区再到市里层层上报。该医院一位医生表示，如果没有确诊就去世，不会被计算为确诊死亡人数，只能算“肺部感染死亡”。

“就我自己所在的科室，死亡率比出院率高很多。同时，很多治愈出院的病例不能算真正的治愈，还需要长期观察。”上述医生说。

这也意味着，有大量的病患在确诊流程和统计数字之外，只能自我求生。

市民李莉告诉《财经》记者，经过社区人员联系，她的父亲终于住进了武汉第八医院。但第八医院不是定点医院，此前是专门的肛肠医院。

医院诊断说，父亲双肺已经感染坏死，氧气已经打到最高限度，需要让他尽快转到定点医院，但因为第八医院没有测试盒，所以病人一直无法确诊，而无法确诊也就无法转院。

“第八医院已经上报好多天了都没有任何回复，”李莉说，她拨打120，120的回复是，只能通过社区上报转去定点医院，但之前的第八医院就是社区千辛万苦才安排住上的。

李莉父亲的遭遇，似乎构成了一个无解的痛苦循环。

截至发稿，记者逐一拨打了武汉市定点医院的电话，接通的7家医院均表示“暂时没有床位”。

谁能住进去？

“如果有可能的话，把轻症患者集中起来隔离和治疗，这样可以更有效控制疫情”

在无数患者家属眼里，武汉在快速建设的火神山、雷神山医院是他们仅存的希望。

《财经》记者采访得知，2月3日，设置1000个床位的火神山医院按照计划必须竣工，但具体开放时间需要物业、电力、医药设备等配合。目前《财经》记者采访的多数医院尚未收到转移病患的通知。

等待火神山、雷神山医院开门的这几天，就是一些重症病人的生死关。据《财经》记者了解，即使确诊并获得社区住院单，也不一定就能第一时间住进医院。

两个火神山、雷神山医院加起来也就2000个病床，还不够湖北省两天的新增病例使用。

When the reporter asked which institutions could issue diagnosis reports, the doctor said: “I don't know about this, maybe Tongji and Concord can. The patient's condition is getting worse and worse, and it is also because he can't get the diagnosis report, so there is no bed.”

For the statistics of suspected patient data, the doctor's judgment criteria are “low fever, cough, and lung CT results.” The doctor of the above-mentioned designated hospital said that he would report to the department, but he did not understand the subsequent statistical process. The director of another designated hospital told reporters from Caijing that only severely ill patients who are admitted can be considered suspected and need to be diagnosed for further treatment.

On January 30th, a designated hospital in Wuhan began to report the number of suspected patients who needed to be diagnosed and tested, reporting from the department, to the hospital, to the district, and then to the city. A doctor at the hospital said that if someone died without a diagnosis, that person would not be counted as a confirmed death, but only as a “death from lung infection.”

“In my own department, the mortality rate is much higher than the discharge rate. At the same time, many cured and discharged cases cannot be considered a real cure, and long-term observation is required.” The above-mentioned doctor said.

This also means that a large number of patients are left to fight on their own outside of the diagnosis process and statistics.

Citizen **Li Li** told reporters from Caijing that after being contacted by community personnel, her father was finally admitted to Wuhan No. 8 Hospital. However, the eighth hospital is not a designated hospital, it was previously a dedicated anorectal hospital.

The hospital diagnosed that both of his father's lungs had been infected and necrotic, and the oxygen had reached the highest limit. He needed to be transferred to a designated hospital as soon as possible, but because the eighth hospital did not have a test box, the patient has been unable to be diagnosed, and if he cannot be diagnosed, he cannot be transferred to the hospital.

“The eighth hospital has been reported to for many days and there has been no reply,” Li Li said. She dialed 120². The reply from 120 was that she could only be transferred to a designated hospital through the community report, but the previous eighth hospital was arranged by the community after a lot of hard work.

What happened to Li Li's father seemed to constitute an unsolvable cycle of pain.

As of the release, reporters have called designated hospitals in Wuhan one by one, and the seven hospitals connected have all stated that “there are no beds for the time being.”

Who can be admitted to hospital?

“If possible, gather the patients with mild symptoms for isolation and treatment, so that the epidemic can be more effectively controlled.”

In the eyes of countless patients' families, Wuhan's rapidly building the makeshift Huoshenshan and Leishenshan Hospitals is their only remaining hope.

The reporter of "Caijing" learned from an interview that on February 3 that the 1,000-bed Huoshenshan Hospital must be completed as planned, but the specific opening hours require the cooperation of property, electricity, medical equipment, etc. At present, most of the hospitals interviewed by Caijing reporters have not yet received notification of the transfer of patients.

The past few days waiting for Huoshenshan and Leishenshan hospitals to open their doors have been the life and death of some seriously ill patients. According to the reporter of "Caijing", even if such a patient is diagnosed and obtains a community hospitalization order, the patient may not be able to be admitted to the hospital as soon as possible.

The two Huoshenshan and Leishenshan hospitals add up to 2,000 beds, which is not enough for the new cases in Hubei Province in two days.

² 120 is the number and a synonym for the city ambulance booking service.

微博公开求助，成为一些人最后的尝试。一位住在武汉市江夏区纸坊机关幼儿园附近的孕妇家属告诉《财经》记者，家中孕妇怀孕8个月，最新诊断结果显示：双肺重度感染。 但定点发热门诊不收孕妇，门诊也没有胎心监护，区妇幼和省妇幼则不收发热病人。家人发微博求助几天后，1月31日他们得到了社区和区政府关注，被社区车辆载着往返跑了几家医院，2月1日上午总算住进了武汉大学人民医院东院。 对这个家庭来说，这是好消息。但对于另一些家庭，这个消息让他们心情复杂。“已经到了谁喊得响亮，谁才能活下去的时候了？”一位病患家属对《财经》记者说。 能找到床位的，都被称作“幸运儿”。刘小青一家有六人患病，只有三位住到了医院，“更多是靠自己托关系、找渠道。” 刘小青一家可能在一次家庭聚会上被感染。1月18日疫情还被认为不会“人传人”，他们一起在外面吃了年夜饭。之后不久家人陆续发烧，从父母、小姑妈到90岁的奶奶，再到已回的大姑妈和大姑爹。1月21日，刘小青的母亲去做了CT，显示双肺病毒性感染。 这之后，母亲连续高烧了四天，几近晕厥，“我们联系了很多，才找到汉口医院那边，有一个床位让她住进去了。” 到了1月28日，她的奶奶开始发病，辗转汉南医院、协和西院，未能住成院。奶奶排了一天门诊，终于打了上针，结果却“立刻浑身颤抖像癫痫一样，无法正常行走和说话”。医生留她在留观病房吸氧，但回家后，奶奶仍然呼吸困难。 “我们找了很多人才能够住到第六医院的ICU。当时我们也是一直在催社区，催协和医院那边，但是没有得到反馈和消息。” 她的父亲也在打完针后呼吸困难，用上了吸氧机。刘小青把情况发到了微博，等到第二天七点起来，接到了一些有用的信息，让父亲住上了ICU。 父亲说，别人可能会觉得他们发微博求救，最后能住院是一种医疗不公，“但毕竟生命要紧。”后来，她把微博删了。 1月29日凌晨4点，家住武汉市江汉区万松街商一社区的陈晓薇，拖着病体去医院排队，终于在协和医院排上了试纸。2月1日试纸结果送达，显示陈晓薇是“双阳（确诊）”，但当她和家人前往社区准备领取住院单时，他们看到商一社区服务点里明明有人，就是不给开门。家人只能选择报警。 警察没到，是社区所属的街道办找到了解决办法。陈晓薇说，就在今天下午，街道办帮他们在协和找到了一张床位。“终于有救了。”她说。 晚间，当陈晓薇和丈夫抵达协和西院准备住院时，被告知需要转去红十字会医院。截止发稿，他们仍然在红会医院观察室等候床位。 华中科技大学保障中心副主任姚岚教授说，她看到澳门征用了离人群较远、相对独立的酒店，作为有湖北接触史的人群隔离集中管理区。她建议湖北及其它地区也可采取类似举措，有效控制好疑似病例。	Publicly asking for help on weibo became the last attempt for some people. A family member of a pregnant woman who lives near the kindergarten of the Zhifang Institution in Jiangxia District, Wuhan City, told reporters from Caijing that the pregnant woman at home was 8 months pregnant, and the latest diagnosis showed severe infection of both lungs. However, designated fever outpatient clinics do not accept pregnant women, and there is no fetal heart monitoring in outpatient clinics. District and provincial women and children hospitals do not accept fever patients. A few days after the family members posted on Weibo for help, they received the attention of the community and the district government on January 31. They were carried to several hospitals by community vehicles. On the morning of February 1st, they were finally admitted to the Eastern Hospital of Wuhan University People's Hospital. This is good news for this family. But for other families, the news elicited mixed feelings. “Has the time come for whoever shouts loud enough to survive?” A family member of the patient told a reporter from Caijing. Those who can find a bed are called "lucky ones". Six people in Liu Xiaoqing's family were sick, and only three of them were admitted to the hospital. “It's more about relying on their own relationships and finding channels.” Liu Xiaoqing's family may have been infected at a family gathering. On January 18th, the epidemic was still considered not to be "passed from person to person", and they had a New Year's meal outside together. Soon after, the family members had fevers one after another, from parents and little girls to 90-year-old grandmothers, to the older aunts and aunts who had returned. On January 21, Liu Xiaoqing's mother went for a CT scan, which showed a toxic infection of both lungs. After that, her mother had a high fever for four consecutive days and almost fainted. “We contacted a lot of people before we found her a bed in Hankou Hospital.” By January 28th, her grandmother began to become ill and was transferred to Hannan Hospital and Xiehe West Hospital, but she was unable to be admitted to the hospital. Grandma waited for a day for an outpatient appointment, and finally got an injection, but “immediately trembled like a seizure, unable to walk and talk normally.” The doctor left her in the observation ward to take oxygen, but after returning home, Grandma still had difficulty breathing. “We found a lot of people who can stay in the ICU of the sixth hospital. At that time, we had been urging the community and the Union Hospital, but we did not get feedback or news.” Her father also had difficulty breathing after the injection and used an oxygen machine. Liu Xiaoqing posted the situation to Weibo, and when he got up at seven o'clock the next day, he received some useful information and asked his father to stay in the ICU. The father said that others may feel that they are posting on Weibo for help, and that it is a medical injustice to be hospitalized in the end, “But after all, life matters.” "Later, she deleted the Weibo post. At 4 o'clock in the morning on January 29th, Chen Xiaowei, who lives in Shangyi Community, Wansong Street, Jiangnan District, Wuhan City, dragged her sick body to the hospital to line up, and finally lined up a test paper at the Union Hospital. The test paper results were delivered on February 1st, showing that Chen Xiaowei was “Double-positive (diagnosed)”, but when she and her family went to the community to collect the hospitalization order, they saw that there were obviously people in the Shangyi community service point, but they would not open the door. The family can only choose to call the police. The police did not arrive, but the street office of the community found a solution. Chen Xiaowei said that just this afternoon, the street office helped them find a bed in Xiehe. “Finally saved.” she said. In the evening, when Chen Xiaowei and her husband arrived at Xiehe West Hospital to prepare for hospitalization, they were told that they needed to be transferred to the Red Cross Hospital. At press-time, they are still waiting for beds in the observation room of Honghui Hospital. Professor Yao Lan, deputy director of the Security Center of Huazhong University of Science and Technology, said that she had seen Macau expropriate a relatively independent hotel far away from the crowd as a centralized quarantine management area for people with a history of
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中南医院急救中心主任助理、急诊外科主任沈俊告诉《财经》记者，中南医院都是收治很重的病人，“属于生命体征很不稳定的患者(氧合差、心率快，呼吸频率快，发生呼吸窘迫综合征的病人)”。床位短缺，疑似或轻症的都在家隔离。	contact with Hubei. She suggested that Hubei and other regions could take similar measures to effectively control suspected cases. Shen Jun, assistant director of the Emergency Center of Zhongnan Hospital and director of emergency Surgery, told reporters from Caijing that Zhongnan Hospital is treating very serious patients, “they belong to patients with unstable vital signs (poor oxygenation, fast heart rate, fast breathing rate, and patients with respiratory distress syndrome).” There is a shortage of beds, and those with suspected or mild symptoms are quarantined at home.
沈俊所在的中南医院团队用ECMO(移动心肺仪)成功救治一名重症患者 为全省首例 Shen Jun's Zhongnan Hospital team successfully treated a critically ill patient with ECMO (mobile cardiopulmonary instrument), the first case in the province.	
据悉，医院基本没有床位了，急诊科也用来收治病毒肺的病人，急诊留观室也满了，“基本上病房空出来一个，留观室就进一个到病房。” 沈俊说，床位分配并不能满足社区的要求，而是评估病人的情况，“比方说有的病人自己被家人送到医院了，病很重了，留观室有空床了，就先留观，我不可能让他回去排队，等社区报上来我再安排。或者我不收他，然后把社区上报上来的比较轻的病人收住院，肯定不可能的。” 关于检测盒，他表示中南医院发热门诊可以做核酸检测，大概2小时就可以出结果，但因试剂盒有限，需要肺CT有病毒性肺炎表现的患者才能做。 沈俊建议，如果有可能的话，把轻症患者集中起来隔离和治疗，这样可以有效的控制疫情。他还建议在家的患者服用两种药，抗病毒的以及抗感染的，发烧超过38.5℃就退热，“因为目前没有特效药物去治疗这个疾病，不能网上跟风，说什么药就买来吃，住院治疗也是对重症患者提供支持治疗，如果能够扛过这个时间的话，就过去了，就是这样。”	It is reported that there are basically no beds in the hospital, and the emergency department is also used to treat patients with virus lungs. The emergency observation room is also full. “Basically, when one patient leaves the emergency ward, one patient from the observation room enters the ward. “ Shen Jun said that the allocation of beds does not meet the requirements of the community, but evaluates the situation of patients., “For example, some patients have been sent to the hospital by their families and they are very sick. If there is a free bed in the observation room, they will stay for observation first. It is impossible for me to let the patient go back and line up. I will arrange it when the community reports it. Otherwise if I don't accept the patient, and then admit the lighter patients reported by the community to the hospital, it becomes definitely unsolvable.” Regarding the test kit, he said that the fever clinic of Zhongnan Hospital can do nucleic acid tests, and the results can be obtained in about 2 hours, but due to the limited kit, patients with viral pneumonia manifestations of pulmonary CT are required to do it. Shen Jun suggested that if possible, the patients with mild symptoms should be concentrated for isolation and treatment, so that the epidemic can be effectively controlled. He also recommends that patients at home take two kinds of medicines, antiviral and anti-infective. If the fever exceeds 38.5℃, it should also be some antipyretic drug. “Because there are currently no special drugs to treat this disease, you can't follow the latest recommendations online, buy and take whatever specific medicine you want. Hospitalization also provides support and treatment for severely ill patients. If you can survive this time, it will be over. That's it. “
沈俊和武汉肺科医院ICU的胡明医生做完手术后汗流浹背 Shen Jun and Dr. Hu Ming from the ICU of Wuhan Pulmonary Hospital were sweating profusely after the operation	
这两天他接诊了一位45岁的病人，病人一家五口，父母两个皆因新型冠状	In the past two days, he received a 45-year-old patient. The patient had a

病毒肺炎去世了，儿子也感染了。病人的情况十分严重，用了高流量吸氧和无创面罩通气，但血氧饱和度还只有50%，最后不得已给她麻醉插管，上了ECMO（体外膜肺氧合）。

“在插管麻醉前，她看着我们做准备，眼泪不停地往下流，那种恐惧让人看到很心疼，”沈俊说，像这样的情况还有很多，“我们医生都下定了决心，要尽全力救治所有的病人。

一直和父亲在等待核酸测试纸的孙晨不允许自己再失眠和哭泣了，她知道自己还得继续催社区，找医院，还得给爸妈做饭，太多事要做了，不能倒下。她期待火神山和雷神山快点建好，“[必须得住进去了，这是我们最后的希望。](#)”

（文中刘梅、孙晨、李开蒙、陈力、刘小青、李莉、王木为化名，实习生张凡、志愿者耿鹏对本文亦有贡献）

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family of five. Both parents passed away due to the new coronavirus pneumonia, and his son was also infected. The patient's condition was very serious. She used high-flow oxygen inhalation and a non-invasive mask for ventilation, but her blood oxygen saturation was only 50%. In the end, she had to be anesthetized and intubated and put on ECMO (extracorporeal membrane pulmonary oxygenation).

“Before intubation and anesthesia, she watched us prepare, tears kept flowing down, that kind of fear makes people feel very distressed to see,” Shen Jun said. There are still many situations like this. “Our doctors have made up their minds to do their best to treat all patients.

Sun Chen, who has been waiting for nucleic acid test strips with her father, does not allow herself to lose sleep and cry anymore. She knows that she has to continue to urge the community, find a hospital, and cook for her parents. There are too many things to do, and she can't fall down. She looked forward to Huoshenshan and Leishenshan makeshift hospitals being built soon, “[We have to be admitted. This is our last hope.](#)”

(In this article, Liu Mei, Sun Chen, Li Kaimeng, Chen Li, Liu Xiaoqing, Li Li, and Wang Mu are aliases, and intern Zhang Fan and volunteer Geng Peng also contributed to this article)

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