

CHINESE

ISSN 1007-9572

CN 13-1222/R

CODEN ZQYHAK

GENERAL  
PRACTICE

# 中国全科医学<sup>®</sup>

Volume 24 Number 10

April 2021

ZHONGGUO  
QUANKEYIXUE

中文核心期刊

中国科技核心期刊

中国科技论文统计源期刊



国家卫生健康委员会 主管  
中国医院协会 主办

ISSN 1007-9572



## 4.2021

2021年4月5日  
第24卷 第10期

万方数据

# 中国全科医学®

ZHONGGUO QUANKE YIXUE

1998年6月创刊 总第673期 第24卷 第10期 2021年2月在线出版 2021年4月5日发行

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## 中国标准连续出版物号

ISSN 1007-9572

CN 13-1222/R

## 投稿与稿件查询

http://www.chinagp.net/Magazine

电话: 010-63052088 83525550

0310-2067118

E-mail: zgqkx@chinagp.net.cn

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## 出版

中国全科医学杂志社  
100010北京市东城区内务部街19号  
电话: 010-63052088 83525550  
传真: 010-83116369  
E-mail: zgqkxyx@chinagp.net.cn

## 印刷

廊坊市佰利得彩印制版有限公司

## 发行

国内: 中国邮政集团公司  
北京市报刊发行局  
邮发代号: 80-258  
国外: 中国国际图书贸易集团  
有限公司  
(北京399信箱; 100044)  
邮发代号: M 5123

## 订购

全国各地邮局

## 邮购

中国全科医学杂志社发行部  
100010北京市东城区内务部街19号  
电话: 010-83116360 63052088  
传真: 010-83116270

## 定价

每期15.00元, 全年540.00元

## 广告经营许可证

许可证号: 1304034000014

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《中国全科医学》稿约见官方网站www.chinagp.net杂志专区

For CGP Instructions for Authors, Please Click Journal Section at www.chinagp.net

【期刊基本参数】 CN13-1222/R\*1998\*t\*A4\*120\*zh\*p\*¥ 15.00\*24\*2021-10

本期责任编辑 段淑娟 英文编辑 李秀娟 责任排版、校对 尹鹏 张亚丽

## 全科之声

### ——建设发热哨点，筑牢“防疫墙”

随着新冠肺炎疫情防控工作的稳步开展，各地都在探索基于基层医疗卫生机构的发热症状管控实践。但目前发热（哨点）诊室存在居民知晓率低、利用率不足、运行成本高等问题。考虑到建设投入、防护级别、人力资源等需求，以及发热患者就诊量呈明显季节性，发热（哨点）诊室的建设应该既要考虑如何在重大疫情中发挥作用，又要维持诊室平时运行与后续发展。另外，调研发现，一些城市化地区的发热（哨点）诊室转出率约占1/3，而部分偏远地区乡镇卫生院的发热就诊人群中绝大多数非新冠肺炎患者。由于资金等问题，发热（哨点）诊室硬件设施、房屋等无法按标准要求配置，有些地区虽设有发热（哨点）诊室但其发热患者直接转至二级以上设有发热门诊的定点医疗机构，增加了居民就诊成本和交叉感染风险。再者，发热（哨点）诊室基本不具备危重患者抢救条件，转运也容易增加交叉感染风险。总之，因地域和政策的限定，发热（哨点）诊室在利用率上存在差异，其设置和应用有待进一步优化。

设置发热（哨点）诊室是加强传染性疾病预防的积极策略，也是传染性疾病预防诊疗的具体实践，因此同质化管理是其有效运行的基本保障，如何避免资源浪费、提高运行效率、平战结合高效运作是其后续发展需要探索的问题。发热（哨点）诊室未来发展尚需关注：（1）完善和改进基础性硬件配置，如CT检查、快速核酸检测等；（2）信息系统建设应自上而下覆盖基层医疗卫生机构并有效利用；（3）加强区域内各级医院协调、完善发热症状分级诊疗；（4）加强媒体的宣传引导，提高居民的知晓率和利用率；（5）以平战结合的思路制定不同疫情防控等级下的运行规范。

2020-11-12，习近平总书记发表重要讲话，强调“着力完善重大疫情防控体制机制，毫不放松抓好常态化疫情防控，全方位全周期保障人民健康”。发热（哨点）诊室为基层医疗卫生机构公共卫生服务职能的深化和重塑，方兴未艾，应不断完善诊室建设和运行规范，充分发挥其“哨点”功能，保障人民健康。

杜兆辉. 建设发热哨点，筑牢“防疫墙”[J]. 中国全科医学, 2021, 24(10): 目次页.

## 聚焦全科前沿 引领学科发展

New frontiers focuses guide the development in general practice



# CHINESE GENERAL PRACTICE

Established in June 1998 Volume 24, Number 10 April 5, 2021

## Administrative Institution

National Health Commission of  
the People's Republic of China

## Sponsor

Chinese Hospital Association Suites  
21st Floor, Jinqiu International Building,  
No. 6 Zhichun Road, Haidian District  
Beijing 100080, China

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Chinese General Practice  
19 Neiwubu Street,  
Dongcheng District, Beijing 100010, China  
Tel: 010-63052088 83525550  
Fax: 010-83116369  
http://www.chinagp.net  
E-mail: zgqkx@chinagp.net.cn

## Publication

Publishing House of Journal of  
Chinese General Practice  
19 Neiwubu Street,  
Dongcheng District, Beijing 100010, China  
Tel: 010-63052088 83525550  
Fax: 010-83116369  
E-mail: zgqkx@chinagp.net.cn

## Printing

Bailide Colored Printing Co., Ltd.  
Langfang

## Distribution

Domestic Distributor:  
Beijing Post Offices  
Code No. 80-258  
Overseas Distributor:  
China International Book Trading  
Corporation  
(P.O. Box 399 Beijing, China 100044)  
Code No. M 5123

## Price

RMB 15.00 Yuan

## CSSN

ISSN 1007-9572  
CN 13-1222/R

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Chinese General Practice

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【Serial Parameters】 CN13-1222/R \* 1998 \* t \* A4 \* 120 \* zh \* p \* ¥15.00 \* 24 \* 2021-10