**Fiche de régulation urgence**

**Appel**

Date : Heure :

Praticien traitant :

**Identification patient**

Nom : Prénom : Age :

**numéro de téléphone :**

**Douleurs**

**Depuis quand** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Localisation** :

**Intensité** : 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

- provoquées : non froid chaud mastication palpation

- spontanées : non permanentes intermittentes réveillent la nuit

**Antalgiques** : Non Paracétamol AINS Codéine Autre : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Soulagent : Oui Non

**Signes cliniques** : Non Fièvre Fistule Œdème : localisation \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Autre** : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Traumatisme**

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**Infection**

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**Autre**

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