



IUC-BLG-004-rev 2
 REPUBLIC OF THE PHILIPPINES
 OFFICE OF THE PRESIDENT
METROPOLITAN MANILA DEVELOPMENT AUTHORITY
 (Pangasiwaan Sa Pagpapaunlad Ng Kalakhang Maynila)
ISO 9001:2015 CERTIFIED



RUN REPORT FORM

DATE	RECEIVED	ENROUTE	ON SCENE	DEPARTED	HOSPITAL ARRIVAL	EMERGENCY STATION ARRIVAL	
REPORTED COMPLAINT			INCIDENT LOCATION		CALL SOURCE		
PATIENT NAME (Last, First, Middle)			AGE	SEX	ADDRESS/TEL. NO.		
MEDICAL HISTORY			CURRENT MEDICATION		KNOWN ALLERGIES		
VITAL SIGNS	TIME	R.R.:	P.R.:	B.P.:	L.O.C.	PUPILS	CYANOSIS
		RHYTHM () Regular () Irregular	RHYTHM () Regular () Irregular		A	() PEARL () Dilated	() Negative () General
		BREATH SOUNDS () Labored () Clear () Wheeze	QUALITY () Normal () Thready () Bounding	Temp.	P	() Constricted () Unequal () Non Reactive	() Peripheral
				U			
TIME	R.R.:	P.R.:	B.P.:	L.O.C.	PUPILS	CYANOSIS	
	RHYTHM () Regular () Irregular	RHYTHM () Regular () Irregular		A	() PEARL () Dilated	() Negative () General	
	BREATH SOUNDS () Labored () Clear () Wheeze	QUALITY () Normal () Thready () Bounding	Temp.	P	() Constricted () Unequal () Non Reactive	() Peripheral	
			U				
GLASGOW COMA SCALE				SITE OF INJURY OR PAIN			
EYES	VERBAL	MOTOR	SCORE				
() 4 Spontaneous () 3 To command () 2 To pain () 1 None	() 5 Oriented () 4 Confused () 3 Inappropriate words () 2 Incomprehensible sound () 1 None	() 6 To command () 5 Localizes pain () 4 Withdraws from pain () 3 Abnormal flexion () 2 Abnormal extension () 1 None					
PROBLEM		INTERVENTION					
REMARKS:							
TEAM LEADER		TREATMENT OFFICER		REFUSAL TO ADMIT (R. A. 8344)			
TRANSPORT OFFICER		ASSISTANT(S)		1. Hospital Physician Date/ Time			
RECEIVED BY:		MEDICAL FACILITY	TIME	2. Hospital Physician Date/ Time			
Supplies Used:				Vehicle Used:			

MMDA New Building, Doña Julia Vargas Ave.,
 cor. Molave St., Brgy. Ugong, Pasig City
 Website: www.mmda.gov.ph
 Trunk Line: (02) 8898-4200

