

# RESTRAINT OBSERVATION SHEET U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 4/4/06      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:

Left arm      0900      1100      Left leg      0900      1100

Right arm      0900      1100      Right leg      0900      1100

Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet              | 19. Crawling                      |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                             |                             |                                 |                              |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered             | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*         |
| B. Meal refused             | F. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused       |
| C. Fluids offered (q 2 hr)* | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction      |
| D. Fluids refused           | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
|                             |                             |                                 | Q. Other: See Notes (SF 509) |

\*Minimal Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900	1, 12, 13, 15, E, I, J, K, P	(b)(3):10	1500			2100		
0315			0915	1, 12, 13	(b)(3):10	1515			2115		
0330			0930	1, 12, 13	0 USC	1530			2130		
0345			0945	1, 12, 13	§130b,(b)(6)	1545			2145		
0400			1000	1, 12, 13		1600			2200		
0415			1015	1, 12, 13		1615			2215		
0430			1030	1, 12, 13		1630			2230		
0445			1045	1, 12, 13		1645			2245		
0500			1100	1, 12, 13		1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		
Signature		Initials	Signature		Initials	(b)(3):10 USC §130b,(b)(6)					

693

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)  
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

DATE

04 APR 06

(b)(2)

1020

Progress Note - Medical Staff

Patient offered a meal but refused - enteral feeds as recommended. / voluntarily accepted oral food.  
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

*Detainee has new complaints. Refused his water this am.*

Weight: 149.2 lbs (4/4/06)

Vitals: Temp: 98 F HR: 97/min RR: 16/min BP: 126/76

EF Day #: 98

Goal daily kcal: 2840

Received:

4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

*- observe water consumption. If continues to refuse will supplement  
water PO & EF or NS via IV.*

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE  
MEDICAL RECORD  
STANDARD FORM 600 (rev. 9/05)







MEDICAL RECORD		PROGRESS NOTES (Sign all orders)	
DATE AND TIME			
		<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</b>	
03 APR 06		Detainee placed in (b)(2)	Reason for Restraint: Medical Necessity
C 1518		Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.	
		His behavior is due to his refusal to eat and not due to mental status change or illness.	
		Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered	
		food at every meal, yet he refuses to eat. Because the	
		detainee refuses to eat, restraints were initiated for medical necessity for feeding.	
		Detainee will be observed continually and he will be reminded of how his behavior must	
		change (he must eat voluntarily) to avoid the use of medical restraints for present	
		and future feedings. Detainee was told that he will remain in medical	
		restraints until feed and post feed observation (60-120 minutes).	
		GITMO Nurse	
		<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>	
03 APR 06		Indication: Malnutrition; hunger strike	
C 1518		Under local anesthesia (viscous lidocaine, 2%)	(b)(3):10 USC
		inserted in the (b)(3):10 USC	12 F enteral feeding tube was
		stril using standard procedure. A styl	(b)(3):10 USC was not used.
		Patient tolerated the procedure well. Placement in stomach was confirmed by	
		insufflation and test dose of water. Successful procedure without complication	
		GITMO Dr. / Nurse	
		<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b>	
03 APR 06		Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding	
C 1710		and was released from restraints and returned to his cell in good condition. Detainee was	
		released from restraints at 1710. Detainee	(b)(3):10 USC did not have physical injury from the restraint
		episode. Detainee reported the following problems related to the restraint episode	
		GITMO Nurse	

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES  
Medical Record

STANDARD FORM NO. 100 (REV. 7-71)  
Prescribed by GSA/PCAP, NIDDM (4100)

# **RESTRAINT OBSERVATION SHEET** **U.S. Naval Hospital Guantanamo Bay, Cuba**

Date: 03/26/06      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:

Left arm      1515      1710      Left leg      1515      1710

Right arm      1515      1710      Right leg      1515      1710

Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet              | 19. Crawling                      |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                             |                             |                                 |                              |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered             | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*         |
| B. Meal refused             | F. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused       |
| C. Fluids offered (q 2 hr)* | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction      |
| D. Fluids refused           | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
|                             |                             |                                 | Q. Other: See Notes (SF 509) |

\*Minimal Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530	1, 12, B, I, K	(b)(3): 10 USC §130b, (b)(6)	2130		
0345			0945			1545	1, 12, I, K		2145		
0400			1000			1600	1, 12, I, K		2200		
0415			1015			1615	1, 12, I, K		2215		
0430			1030			1630	1, 12, I, K		2230		
0445			1045			1645	1, 12, I, K		2245		
0500			1100			1700	1, 12, I, K		2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

  

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

#693



(CONTINUE ON REVERSE SIDE)

REGISTER NO.	WARD NO.
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693 A



MEDICAL RECORD		PROGRESS NOTES (Sign all orders)	
DATE AND TIME			
		<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</b>	
03 APR 06		Detainee placed in (b)(2)	Reason for Restraint: Medical Necessity
C 0900		Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.	
		His behavior is due to his refusal to eat and not due to mental status change or illness.	
		Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered	
		food at every meal, yet he refuses to eat. Because the	
		detainee refuses to eat, restraints were initiated for medical necessity for feeding.	
		Detainee will be observed continually and he will be reminded of how his behavior must	
		change (he must eat voluntarily) to avoid the use of medical restraints for present	
		and future feedings. Detainee was told that he will remain in medical	
		restraints until feed and post feed observation (60-120 minutes)	(b)(3):10 USC §130b,(b)(6)
		GITMO Nurse	
		<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>	
03 APR 06		Indication: Malnutrition; hunger strike	(b)(3):10 USC
C 1055		Under local anesthesia (viscous lidocaine, 2	(b)(3):10 USC §130b,(b)(6)
		inserted in the	(b)(3):10 USC §130b,(b)(6)
		nostril using standard procedure. A stylet	(b)(3):10 USC §130b,(b)(6)
		Patient tolerated the procedure well. Placement in stomach was confirmed by	(b)(3):10 USC §130b,(b)(6)
		insufflation and test dose of water. Successful procedure without complications	(b)(3):10 USC §130b,(b)(6)
		GITMO Dr. / Nurse	
		<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b>	
03 APR 05		Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding	
C 1055		and was released from restraints and returned to his cell in good condition. Detainee was	
		released from restraints at 1255	(b)(3):10 USC §130b,(b)(6)
		Detainee did not have physical injury from	(b)(3):10 USC §130b,(b)(6)
		episode. Detainee reported the following problems related to the restraint episode	
		GITMO Nurse	

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES  
Medical Record

693

STANDARD FORM 113 (REV. 7-70)  
Prescribed by GSA GEN. REG. NO. 41 (10)

# RESTRAINT OBSERVATION SHEET U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 03 APR 06      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:  
                                  Left arm      0700      1055      Left leg      0700      1055  
                                  Right arm      0800      1055      Right leg      0700      1055

Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.

- |                            |                          |                        |                                   |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet              | 19. Crawling                      |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping           | 20. Noncommunicative              |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior          |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self    | 22. Disrobing                     |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff  | 23. Urinating/defecating on floor |
| 6. Laughing                | 12. Sitting              | 18. Assaultive         | 24. Other: See Notes (SF 509)     |

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- |                             |                             |                                 |                              |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered             | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)*         |
| B. Meal refused             | F. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused       |
| C. Fluids offered (q 2 hr)* | G. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction      |
| D. Fluids refused           | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*              |
|                             |                             |                                 | Q. Other: See Notes (SF 509) |

\*Minimal Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

(b)(3):10 USC §130b,(b)(6)

693



## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)  
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

DATE

03APR06

(b)(2)

1030

Progress Note - Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.  
 Chart reviewed. Detainee appears to be well hydrated. His condition is good.

*Detainee's new complaints.*

Weight: 149.3 lbs (4/3/06)

Vitals: Temp: 98 F HR: 97/min RR: 12/min BP: 117/66

EF Day #: 97

Goal daily kcal: 2840

Received:

*4 Cans Jevity 1.5 BIA*

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital

(b)(3):10 USC

DS130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 MEDICAL RECORD  
 STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
2 Apr 06			<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
			Place Detainee in (b)(2)		
			Reason For Restraint: Medical Necessity for Feeding		
			Medical Restraints order expires after 12 hours		
			Line of Sight Observation while in restraints.		
			Circulation checks every 15 mins for the first hour and then every hour.		
			Vital signs checks every 4 hours.		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Independent (b)(3):10 USC §130b,(b)(6) restraints)		
			GITMO D		
			<b>INITIATION OF RESTRAINTS -- MEDICAL</b>		
			Reason for Restraint: Medical Necessity for Feeding		
			Despite being advised that hunger striking is detrimental to his health, the detainee refuses to eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There is no evidence that medications or a medical process is causing this detainee's refusal to eat. Detainee does not have any medical condition/disability that would place him at greater risk during feeding using medical restraints.		
			Detainee will be observed continually while in medical restraints.		
			Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will (b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. WARD NO.

DOCTOR'S ORDERS  
MEDICAL RECORD

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