

NAVJAG 6550/12 (5-80) S/N 0105-LF-206-5360

[illegible]

693

| ADLs         |                         | DATE | BY | BATH     | DATE       | BY         | DATE | VITAL SIGNS | FREQ      |      |
|--------------|-------------------------|------|----|----------|------------|------------|------|-------------|-----------|------|
| Bed rest     |                         |      |    | Bed Bath | 11/10/10   | Consistent |      | Temp        | } 40.0    |      |
| Bathroom     |                         |      |    | Shower   |            |            |      | Pulse       |           |      |
| Up in Chair  |                         |      |    | Tub      |            |            |      | Resp        |           |      |
| Voluntarily  |                         |      |    | Assist   |            |            |      | B.P.        |           |      |
| Transfer to  |                         |      |    |          |            |            |      | Pulse Ox    |           |      |
| Assist       |                         |      |    |          |            |            |      | Other       |           |      |
| ORAL HYGIENE |                         |      |    | DATE     | FLUIDS     |            |      |             | FEEDING   | DATE |
| Self         |                         |      |    |          | Forced     |            |      |             | Self      |      |
| Assist       |                         |      |    |          | Restricted |            |      |             | Assist    |      |
| Other        |                         |      |    |          | I&O        |            |      |             | Tube Feed |      |
| DATE         | TREATMENT/SPECIAL NOTES |      |    |          |            |            |      |             |           |      |

| DATE | TREATMENT/SPECIAL NOTES                                                                          | TIMES | DATE | TREATMENT/SPECIAL NOTES                                                                         | TIMES |
|------|--------------------------------------------------------------------------------------------------|-------|------|-------------------------------------------------------------------------------------------------|-------|
| 2/24 | WEIGHT UPON ADMISSION<br>E THEN DAILY E RECORD                                                   |       |      | IVE: Ø                                                                                          |       |
| 2/29 | DHT FOR ENTERAL FEEDING<br>CLOANSO & STORE POL<br>PROTOCOL - REPLACE Q 30 DAYS.                  |       |      | Rate: N/A                                                                                       |       |
| 2/24 | OBTAIN DETS PRE OSCAL BLOCK<br>MEDICAL RECORD INCORPORATE                                        |       |      | Gauge: D Site: N/A                                                                              |       |
| 2/24 | IF DET CHOOSES TO EAT, BEGIN<br>2 BLAT X3, THEN ADVANCE TO<br>SOFTMOCK DIET X3, THEN TO REG DIET |       | 2/24 | CALL M.O. WITH: HR >100, <508;<br>SBP >150, <90; DBP >100, <50;<br>RR >30, <10; T >101.5, <97.0 |       |
| 2/24 | ADMIT TO (b)(2)                                                                                  |       |      |                                                                                                 |       |

DETAINER ISN [REDACTED] DIAGNOSIS [REDACTED]

[REDACTED] AGE HEIGHT WEIGHT

#693

|                       |                        |        |        |
|-----------------------|------------------------|--------|--------|
| DIAGNOSIS             | AGE                    | HEIGHT | WEIGHT |
| ① MALNUTRITION        |                        |        |        |
| ② HUNGER STRIKER      | PATIENT CLASSIFICATION |        |        |
|                       | STABLE                 |        |        |
| OP/SPECIAL PROCEDURES |                        |        |        |
|                       |                        |        |        |
| LANGUAGE              |                        |        |        |
|                       |                        |        |        |



FILE PROFILE  
FD-350 (11-13-60) S.N. 008-1500-550

## 7. EDUCATION

*W. J. S.*

DATE \_\_\_\_\_

LABORATORY/DIAGNOSTIC  
TESTS/EXAMINATIONS/  
CONSULTATIONS

DATE \_\_\_\_\_  
SENT \_\_\_\_\_

20

LABS: BMP, P, Mg, Phos, LFTS  
CBC on MONDAY (2/27/06) ☒

2/24 Magnesium nitrate 10 ml c  
each enteral feeding

3/2/06

LABS: CBC, LFT's, BMP, Ca, Mg,  
Phos on Monday (3/6/96) ☒

2/29 Claritin 10mg PO QD

3/11/20

LABS: CBC, BMP, LFTs, POU, Ca,  
Mg, and 3/13/06 (monday) ☒

|     |                              |
|-----|------------------------------|
| 264 | normal saline 5-10 drops BID |
|     | in each nostril              |

307

CBC, Mg, Phn, LFT's, BMP,  $Ca^{++}$

|      |                                |
|------|--------------------------------|
| 2/24 | 10N450 2 groups @ 10 each more |
|------|--------------------------------|

4/24/06

|                               |                                     |
|-------------------------------|-------------------------------------|
| CBC, CMP, Mg, PO <sub>4</sub> | <input checked="" type="checkbox"/> |
|-------------------------------|-------------------------------------|

|      |                               |
|------|-------------------------------|
| 7/24 | Updated 60 mg PO TID x 3 days |
|------|-------------------------------|

2/24 PEN MEDS FOR 4/6 MONTHS

DE LA RUE 1534

2009

#693

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES

TRANSCRIBED/  
DATE

VERIFIED/ (b)(3):10 USC §130b,(b)(6) MONTH/  
DATE YEAR

UKDA

(b)(3):10 USC §130b,(b)(6)

Apr 04

\*\*\*\*\*Any refused, not must be in red ink and verified by RN\*\*\*\*\*

MEDICATION LEGEND:

1 = REFUSED  
(Nurse Must Initial)

2 = NOT IN STOCK  
(Must Notify Nurse)

3 = OTHER (Document below any reason needs not given.)  
(Must Notify Nurse)

| RN INT.                    | START DATE | STOP DATE | SCHEDULED MEDICATION             | TIME | 15                         | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|----------------------------|------------|-----------|----------------------------------|------|----------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|
| (b)(3):10 USC §130b,(b)(6) | 4/1/04     | I         | Mag Citate 30ml 2xT C            | AM   | (b)(3):10 USC §130b,(b)(6) |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | /          | /         | each feed                        | PM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | 3/24/04    | I         | 4 cans Jevity 1.5 BID, 16mg      | AM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | /          | /         | reglan + 12 H <sub>2</sub> O BID | PM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | 4/1/04     | I         | Bactrim to both noes             | AM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | /          | /         | p the feeds                      | PM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | 4/13/04    | I         | 3 cans Jevity 1.5 & 1 can        | AM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            |            |           | Jevity 1.0 in AM ETL 11:00       | X    |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            | 4/12/04    | I         | 3 cans Jevity 1.5 & 1 can        | PM   |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                            |            |           | Jevity 1.0 in PM ETL 11:00       | X    |                            |    |    |    |    |    |    |    |    |    |    |    |    |    |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | INT. | DATE | # | INT. |
|------|---|------|------|---|------|
|      |   |      |      |   |      |
|      |   |      |      |   |      |
|      |   |      |      |   |      |
|      |   |      |      |   |      |

D-JTF 888-0- #693

BLOCK#



**MEDICATION ADMINISTRATION RECORD (BACK)** SN 0105-LF-215-SGR1

**SINGLE ORDERS - PRE-OPERATIVE**

| MEDICATION DOSAGE<br>ROUTE OF ADMINISTRATION | GIVEN |      |         | MEDICATION DOSAGE<br>ROUTE OF ADMINISTRATION | GIVEN |      |         |
|----------------------------------------------|-------|------|---------|----------------------------------------------|-------|------|---------|
|                                              | DATE  | TIME | INITIAL |                                              | DATE  | TIME | INITIAL |
|                                              |       |      |         |                                              |       |      |         |
|                                              |       |      |         |                                              |       |      |         |
|                                              |       |      |         |                                              |       |      |         |
|                                              |       |      |         |                                              |       |      |         |

**PRN AND VARIABLE DOSE MEDICATIONS**

| ORDER<br>DATE | MEDICATION-DOSAGE<br>ROUTE OF ADMINISTRATION<br>FREQUENCY | DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|-----------------------------------------------------------|-------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Tylenol</b>                                            | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 500mg or 650 mg                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | PO Q 4-6 hrs PRN                                          | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (minor aches, pains, IIA)                                 | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Mylanta</b>                                            | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 15-30 ML                                                  | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | PO Q 4HR PRN                                              | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (heartburn, indigestion)                                  | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Benadryl</b>                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 25-50 mg PO Q 6hr PRN                                     | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (rhinorrhea, sneezing,                                    | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Watery eyes, Itchy rash)                                  | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Motrin</b>                                             | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 400-800 mg PO                                             | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | TID PRN (moderate                                         | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | pain, headache)                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Tinactin (tolnaftate)</b>                              | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Topical cream AAA                                         | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | BID x 2 weeks (Athletes                                   | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Foot, jock itch)                                          | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Sudafed</b>                                            | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 30-60mg PO                                                | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | QID PRN (nasal congestion)                                | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Cepacol Lozenges</b>                                   | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 1 PO q 4-6 HR PRN                                         | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (sore throat)                                             | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Analgesic Balm,</b>                                    | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | AAA TID                                                   | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | for up to 3 days, then notify                             | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | MO                                                        | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | <b>Milk of Magnesia</b>                                   | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | as antacid 1-3 tsp with water                             | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | up to 4 x a day, as a laxative                            | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 2-4 tsp with 8 oz water                                   | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES

TRANSCRIBED/  
DATE

VERIFIED/  
DATE

MONTH/  
YEAR

\*\*\*\* Any refused, not in stock, or other entry must be in red ink. (b)(3):10 USC §130b,(b)(6) 4/1/06 (b)(3):10 USC §130b,(b)(6) 4/3/06  
MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2 = NOT IN STOCK (Must Notify Nurse) 3 = OTHER (Document below any reason meds not given.) (Must Notify Nurse)

| RN<br>INT                  | START<br>DATE | STOP<br>DATE | SCHEDULED MEDICATION              | TIME | 1                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----------------------------|---------------|--------------|-----------------------------------|------|----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|
| (b)(3):10 USC §130b,(b)(6) | 3/24/06       | I            | Mucy Citrate 300mg & DNT C        | AM   | (b)(3):10 USC §130b,(b)(6) |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                            | /             | /            | each feed                         | PM   |                            |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                            | 4/1/06        | I            | H cones given 1.5 BID, 10mg       | AM   |                            |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                            | /             | /            | reglons + 1L H <sub>2</sub> O BID | PM   |                            |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                            | 4/1/06        | I            | Bactroban to both nostrils        | AM   |                            |   |   |   |   |   |   |   |   |    |    |    |    |    |
|                            | /             | /            | 5 tube feeds                      | PM   |                            |   |   |   |   |   |   |   |   |    |    |    |    |    |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | INT. | DATE | # | INT. |
|------|---|------|------|---|------|
|      |   |      |      |   |      |
|      |   |      |      |   |      |
|      |   |      |      |   |      |
|      |   |      |      |   |      |

D-JTF 888-0-#693

BLOCK#

GTMO JMG 1219



**MEDICATION ADMINISTRATION RECORD (BACK)** SIN 0105-LP-218-5851

**SINGLE ORDERS -- PRE-OPERATIVE**

| MEDICATION DOSAGE<br>ROUTE OF ADMINISTRATION | GIVEN |      |         | MEDICATION DOSAGE<br>ROUTE OF ADMINISTRATION | GIVEN |      |         |
|----------------------------------------------|-------|------|---------|----------------------------------------------|-------|------|---------|
|                                              | DATE  | TIME | INITIAL |                                              | DATE  | TIME | INITIAL |
|                                              |       |      |         |                                              |       |      |         |
|                                              |       |      |         |                                              |       |      |         |
|                                              |       |      |         |                                              |       |      |         |
|                                              |       |      |         |                                              |       |      |         |

**PRN AND VARIABLE DOSE MEDICATIONS**

| ORDER<br>DATE | MEDICATION-DOSAGE<br>ROUTE OF ADMINISTRATION<br>FREQUENCY | DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|-----------------------------------------------------------|-------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Tylenol                                                   | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 500mg or 650 mg                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | PO Q 4-6 hrs PRN                                          | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (minor aches, pains ,HA)                                  | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Mylanta                                                   | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 15-30 ML                                                  | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | PO Q 4HR PRN                                              | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (heartburn, indigestion)                                  | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Benadryl                                                  | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 25-50 mg PO Q 6hr PRN                                     | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (rhinorrhea, sneezing,                                    | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Watery eyes, Itchy rash)                                  | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Motrin                                                    | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 400-800 mg PO                                             | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | TID PRN (moderate                                         | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | pain, headache)                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Tinactin (tolnaftate)                                     | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Topical cream AAA                                         | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | BID x 2 weeks (Athletes                                   | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Foot, jock itch)                                          | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Sudafed                                                   | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 30-60mg PO                                                | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | QID PRN (nasal congestion)                                | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Cepacol Lozenges                                          | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 1 PO q 4-6 HR PRN                                         | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | (sore throat)                                             | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Analgesic Balm,                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | AAA TID                                                   | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | for up to 3 days, then notify                             | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | MO                                                        | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | Milk of Magnesia                                          | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | as antacid 1-3 tsp with water                             | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | up to 4 x a day, as a laxative                            | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               | 2-4 tsp with 8 oz water                                   | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DATE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | TIME                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | DOSE                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |                                                           | INIT.                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



NOTICE OF PUBLIC HEARING - CITY OF CHICAGO

| ORIGINATOR'S NAME<br>ROUTE OF ORIGINATOR |       |       | APPLICANT'S BUSINESS<br>ROUTE OF APPLICANT |       |       |
|------------------------------------------|-------|-------|--------------------------------------------|-------|-------|
| DATE                                     | GIVEN | OTHER | DATE                                       | GIVEN | OTHER |
|                                          |       |       |                                            |       |       |
|                                          |       |       |                                            |       |       |
|                                          |       |       |                                            |       |       |
|                                          |       |       |                                            |       |       |

## PRN AND VARIABLE DOSE MEDICATIONS

[illegible]



11/10/22

TRANSCRIBED/  
DATE

DATE

MC EM/  
ME

JAN 20 2023

PKP4

\*\*\*\*\*Any refused, not in stock, or other entry must be in red ink and verified by RN\*\*\*\*\*

MEDICATION LEGEND:

1 = REFUSED  
(Nurse Must Initial)

2 = NOT IN STOCK  
(Must Notify Nurse)

3 = OTHER (Document below any refusal and reason)  
(Must Notify Nurse)

| RY<br>NO | START<br>DATE | STOP<br>DATE | SCHEDULED MEDICATION            | TIME | 1/24                       | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 2/1 | 2 | 3 | 4 | 5 | 6 |
|----------|---------------|--------------|---------------------------------|------|----------------------------|----|----|----|----|----|----|----|-----|---|---|---|---|---|
| 1/1      |               |              | Round 1 Day 2 EXH 200 mg        | AM   | (b)(3):10 USC §130b,(b)(6) |    |    |    |    |    |    |    |     |   |   |   |   |   |
|          |               |              | MAG CIPRAC 500 mg 2x            | PM   |                            |    |    |    |    |    |    |    |     |   |   |   |   |   |
| 1/14     |               |              | 1/2 200mg, 1/2 200mg, 500mg H2O | AM   |                            |    |    |    |    |    |    |    |     |   |   |   |   |   |
|          |               |              | 1/2 200mg, 1/2 200mg, 500mg H2O | PM   |                            |    |    |    |    |    |    |    |     |   |   |   |   |   |

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE                       | ATE | # |
|----------------------------|-----|---|
| (b)(3):10 USC §130b,(b)(6) |     |   |
|                            |     |   |
|                            |     |   |
|                            |     |   |
|                            |     |   |

BLOCK#

|  |  |  |  |  |  |
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693

