

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|----------------|------|----|---|--------------------|-------------------|
| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START | STOP | | | | |
| 26 MAR 06 | | | RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE | | |
| | | | 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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (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

693'

| MEDICAL RECORD | | PROGRESS NOTES (Sign all orders) | |
|----------------|---|-------------------------------------|--------|
| DATE AND TIME | | | |
| 5/20/00 | | | |
| 1343 | INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE | | |
| | Detainee placed in restraints as per current Guard Force Protocol. | | |
| | Reason for Restraint: <u>Medical Necessity</u> | | |
| | 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. | | |
| | The Detainee is informed that medical restraints will not be necessary | | |
| | if he chooses to eat. | | |
| | | (b)(3):10 USC §130b,(b)(6) | |
| | GITMO Nur | | |
| 5/20/00 | PROCEDURE NOTE: INSERTION OF FEEDING TUBE | | |
| 1345 | Indication: Malnutrition; hunger strike | | |
| | Under local anesthesia (viscous lidocaine, 2%), a 10 F / <u>12 F</u> enteral feeding tube was | | |
| | inserted in the <u>R</u> / <u>L</u> nostril using standard procedure. A stylet was <u>was not</u> used. | | |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by | | |
| | insufflation and test dose of water. Successful procedure. | | |
| | | (b)(3):10 USC §130b,(b)(6) | ions. |
| | GITMO Dr. / Nur | | |
| 5/20/00 | DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE | | |
| 1428 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding | | |
| | and was released from restraints and returned to his cell in good condition. Detainee was | | |
| | released from restraints at <u>1428</u> Detainee had <u>did not have physical injury</u> from the restraint | | |
| | episode. Detainee reported the following problems | | |
| | | (b)(3):10 USC §130b,(b)(6) | isode. |
| | GITMO Nurse | | |
| | (continue on reverse) | | |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| | | | | | | |
|---------|------------------|----------|-----------|------------------|----------|-----------|
| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
| 5/20/20 | Left arm | 1313 | 1408 | Left leg | N/A | N/A |
| | Right arm | 1343 | 1408 | Right leg | N/A | N/A |

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.

- 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)* |
- *Minimal Time Requirements
- 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 | 1710 EK | (b)(3):1 | 1945 | | | | | |
| 0200 | | | 0800 | | | 1400 | 1718 EK | 0 USC | 2000 | | | | | |
| 0215 | | | 0815 | | | 1415 | 1710 TK | \$130b,(| 2015 | | | | | |
| 0230 | | | 0830 | | | 1430 | | b)(6) | 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 | | | | | |
| (b)(3):10 USC §130b,(b)(6) | | | Signature | | | Initials | | | Signature | | | Initials | | |

Acidography

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

JTF -JMG, Medical Department, Guantanamo Bay, Cuba

DATE

26MAY06

(b)(2)

1430

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 seen & examined w/ interpreter present. I told him his labs were normal like same dental yesterday & got his teeth clean - he's very happy about this.

- Per my nurse his nasal passages are much less inflamed.

Weight: 155 lbs (5/26/06)

Vitals: Temp: 97.7 HR: 87 /min RR: 14/min BP: 113/70

GEN: DOWNED in NAD in restraint chair HEENT: O/LAD; Teeth look much better

(VS: RHR 5 m/6/12 Pulm: CTA(2) Abd: TBS INT/ND, soft

Ext: 4/12/12 Radial p-Tas 2+ (2)

EF Day #: 151

Goal daily kcal: 2210

Received:

1 can Jevity 1.5 and 3 cans Jevity 1.0 > 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:

→ Cont Sudafed for nasal inflammation.

→ Cont Allegra for SAR.

→ Gingivitis should get better w/ cleaning.

JTF GTMO Detention Hospital D

(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 | | | DOCTOR'S ORDERS (Sign all orders) | | |
|----------------|------|----|---|----------------------------------|-------------------|
| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START | STOP | | | | |
| 26 MAY 06 | 0730 | | RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO D | (b)(3):10 USC §130b,(b)(6) | |
| | | | INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE | | |
| | | | 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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary if he chooses to eat. | | |
| | | | GITMO D | (b)(3):10 USC §130b,(b)(6) | |
| | | | (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

| MEDICAL RECORD | | PROGRESS NOTES (Sign all orders) | |
|----------------|------|---|-------------------------------|
| DATE AND TIME | | | |
| 5/26/06 | 0958 | INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE | |
| | | Detainee placed in restraints as per current Guard Force Protocol. | |
| | | Reason for Restraint: <u>Medical Necessity</u> | |
| | | 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. | |
| | | The Detainee is informed that medical restraints will not be necessary | |
| | | if he chooses to eat. | |
| | | GITMO Nurse | (b)(3):10 USC §130b,(b)(6) |
| 5/26/06 | 1002 | PROCEDURE NOTE: INSERTION OF FEEDING TUBE | |
| | | Indication: Malnutrition; hunger strike | |
| | | Under local anesthesia (viscous lidocaine, 2%), a 10 F <u>12 F</u> enteral feeding tube was | |
| | | inserted in the R <u>L</u> nostril using standard procedure. A stylet was <u>was not</u> used. | |
| | | Patient tolerated the procedure well. Placement in stomach was confirmed by | |
| | | insufflation and test dose of water. Successful procedure w/ | |
| | | GITMO Dr. / Nurse | (b)(3):10 USC §130b,(b)(6) |
| 5/26/06 | 1041 | DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE | |
| | | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding | |
| | | and was released from restraints and returned to his cell in good condition. Detainee was | |
| | | released from restraints at <u>1041</u> . Detainee had <u>did not have</u> physical injury from the restraint | |
| | | episode. Detainee reported the following problem | |
| | | GITMO Nurse | (b)(3):10 USC §130b,(b)(6) |
| | | (continue on re) | |

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

PROGRESS NOTES
Medical Record

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 5/06/06 Limb Restrained: Time In: Time Out: Limb Restrained: Time In: Time Out:

Left arm 0958 Left leg N/A N/A

Right arm 0958 Right leg N/A N/A

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)* | J. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | F. Toilet refused | K. ROM (q 2 hr)* | N. Bath/shower refused |
| C. Fluids offered (q 2 hr)* | G. Medication accepted | L. RN observation (q 2 hr)* | O. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | P. 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 | 1712 EK | (b)(3):1 | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1712 EK | 0 USC | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1712 EK | \$130b,(| 1630 | | | 2230 | | |
| 0445 | | | 1045 | | (b)(6) | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |
| (b)(3):10 USC §130b,(b)(6) | | | Signature | | Initials | Signature | | Initials | | | |

Addressograph

DISTRIBUTION CODE: 1330

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|----------------|------|----|---|--------------------|-------------------|
| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START | STOP | | | | |
| 25 May 06 | 0730 | | RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE | | |
| | | | 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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (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

MEDICAL RECORD
PROGRESS NOTES

(Sign all orders)

DATE AND TIME

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in restraints as per current Guard Force Protocol.

Reason for Restraint: Medical Necessity

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.

The Detainee is informed that medical restraints will not be necessary if he chooses to eat.

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the R / L nostril using standard procedure. A stylet was / was not used.

Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at _____. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(continue on reverse side)

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR-4100

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: _____

Limb Restrained: _____ Time In: _____ Time Out: _____

Left arm _____ Left leg _____

Right arm _____ Right leg _____

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 | Signature | | Initials | Signature | | Initials |
| | | | | | | | | | | | |

Addressograph

NAVMED PGM 100-107 6520.1 Series