

DATE AND TIME

5/14/06

0800

## 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.

(b)(3):10 USC §130b,(b)(6)

GITMO Nurs

5/14/06

## PROCEDURE NOTE: INSERTION OF FEEDING TUBE

0834

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 (b)(3):10 USC §130b,(b)(6) ns.

GITMO Dr. / Nurse

5/14/06

## DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

0930

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 0930. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode. (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

(Initials \_\_\_\_\_) (Signature \_\_\_\_\_)  
Initials \_\_\_\_\_ Date \_\_\_\_\_ (Signature \_\_\_\_\_) (Signature \_\_\_\_\_)  
Initials \_\_\_\_\_ Date \_\_\_\_\_ (Signature \_\_\_\_\_) (Signature \_\_\_\_\_)

PROGRESS NOTES  
Medical Record

5/14/06

GJB

GOMO FORMS 100-1000

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
<i>5/17/06</i>	Left arm	<i>0830</i>	<i>0930</i>	Left leg	<i>0830</i>	<i>0930</i>
	Right arm	<i>0830</i>	<i>0930</i>	Right leg	<i>0830</i>	<i>0930</i>

- 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 | 11. Sleeping           | 20. Noncommunicative               |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release | 21. Destructive Behavior           |
| 4. Crying                  | 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              | B. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (q.d.)*  |
| B. Meal refused              | C. Toilet refused           | J. ROM (q 2 hr)*                | N. Bath/shower refused  |
| C. Fluids offered (q 2 hr)*  | D. Medication accepted      | K. RN observation (q 2 hr)*     | O. Pt/staff interaction |
| D. Fluids refused            | E. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*         |
| *Minimal Time Requirements   |                             |                                 |                         |
| Q. Other: See Notes (SF 509) |                             |                                 |                         |

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	(b)(3):1 <i>M1121318</i>	0 USC	1445			2045		
0300			0900	(b)(3):2 <i>M1121318</i>	\$130b,	1500			2100		
0315			0915	(b)(3):1 <i>M1121318</i>	(b)(6)	1515			2115		
0330			0930	(b)(3):2 <i>M1121318</i>		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	Date	Signature	Date

6/93

## MEDICAL RECORD

DOCTOR'S ORDERS  
(Sign all orders)

DATE AND TIME		DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	RX		
<b>RESTRANT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>				
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		(b)(3):10 USC §130b,(b)(6) GITMO Dr.		
<b>INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE</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.				
The Detainee is informed that medical restraints will not be necessary if he chooses to eat.				
		(b)(3):10 USC §130b,(b) GITMO Dr.		
		<i>H. [Signature]</i> 5/13/06	(b)(3):10 USC §130b,(b)(6)	

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

REGISTER NO. WARD NO.

693 A

(100-10000000)  
MEDICAL RECORD

5/13/06

## MEDICAL RECORD

(Sign all orders)

DATE AND TIME

5/13/06

**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.

(b)(3):10 USC

§130b,(b)(6)

GITMO Nurse

5/13/06  
1418**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 complication~~.

(b)(3):10 USC

§130b,(b)(6)

5/13/06  
1507**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 1507. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(b)(3):10 USC

§130b,(b)(6)

PATIENT IDENTIFICATION: (PRINT OR TYPE) (Last Name, First Name, Middle Initial) DATE: 5/13/06

PROGRESS NOTES  
Medical Record

693p

## RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 5/13/02 Limb Restrained: Time In: 1713 Time Out: 1502 Limb Restrained: Time In: 1713 Time Out: 1502  
 Left arm 1713 Right leg 1713 Right arm 1412 Right leg 1502

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

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

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

- |                 |                 |                             |                   |                             |                   |                        |                       |                                 |                  |                             |                    |                      |                        |                         |                 |                              |
|-----------------|-----------------|-----------------------------|-------------------|-----------------------------|-------------------|------------------------|-----------------------|---------------------------------|------------------|-----------------------------|--------------------|----------------------|------------------------|-------------------------|-----------------|------------------------------|
| A. Meal offered | B. Meal refused | C. Fluids offered (q 2 hr)* | D. Fluids refused | E. Toilet offered (q 2 hr)* | F. Toilet refused | G. Medication accepted | H. Medication refused | I. Circulation checks (q 2 hr)* | J. ROM (q 2 hr)* | K. RN observation (q 2 hr)* | L. Physician Visit | M. Bath/shower (qd)* | N. Bath/shower refused | O. Pt/staff interaction | 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	(b)(1)712IK		2015		
0230			0830			1430	(b)(1)712IK		2030		
0245			0845			1445	(b)(1)712IK0		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)

Name	Initials	Signature	Initials
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43 p

## MEDICAL RECORD

DOCTOR'S ORDERS  
(Sign all orders)

DATE AND TIME		DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	RX		
13 MAY 06	0930	<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
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 (b)(3):10 GITMO Dr. USC §130b (b)(6)				
<b>INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE</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.				
The Detainee is informed that medical restraints will not be necessary if he chooses to eat.				
(b)(3):10 GITMO Dr. USC <i>Noted 5/13/06</i> 09/15 (b)(3):10 USC §130b,(b)(6)				

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

REGISTER NO.      WARD NO.

B 6934

09/15  
MEDICAL RECORD

09/15  
MEDICAL RECORD

DATE AND TIME

5/13/06

0434

## 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.

(b)(3):10 USC  
§130b,(b)(6)

GITMO Nurse

5/13/06

## PROCEDURE NOTE: INSERTION OF FEEDING TUBE

0437

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 v

(b)(3):10 USC  
§130b,(b)(6)

GITMO Dr. / Nurse

5/13/06

## DISCONTINUATION OF RESTRAINTS NOTE AFTER FE

1033

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 re

(b)(3):10 USC  
§130b,(b)(6)

GITMO Nurse

PATIENT IDENTIFICATION NUMBER FOR THIS ITEM: CNTDPCJNVE-1420  
(initials, last name, first name, middle initial, date of birth, gender, rank, unit, medical facility)PROGRESS NOTES  
Medical Record

693a

P-5-1420-1420-1420

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: <u>5/13/06</u>	Club Restrained:	Time In: <u>0931</u>	Time Out: <u>1033</u>	Club Restrained:	Time In: <u>0937</u>	Time Out: <u>1023</u>
	Left arm			Left leg		
	Right arm	<u>0931</u>	<u>1022</u>	Right leg	<u>0937</u>	<u>1023</u>

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. Aggressive         | 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)*         |
| *Minimal Time Requirements   |                             |                                 |                         |
| Q. Other: See Notes (SF 509) |                             |                                 |                         |

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	110IK	(b)(3):1	1530			2130		
0345			0945	110IK	0	1545			2145		
0400			1000	110IK	US	1600			2200		
0415			1015	110IK	C	1615			2215		
0430			1030	110IK		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)**

Initials	Initials	Signature	Initials
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(b) (3):10

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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

JTF - JMG, Medical Department, Guantanamo Bay, Cuba

DATE

13 MAY 06

(b)(2)

Progress Note - Medical Staff

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

- Detainee is now asymptomatic

(b)(3)

:10

USC

Weight: 133.7 lbs (5/13/06)

Vitals: Temp: 97.9 HR: 81 / min

RR: 14/min

BP: 102/63

FF Day #: 138

Goal daily kcal: 2420

Received:

2 cans Soylent 1.5 and 2 cans Twenty 1.0 R/D

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:

(b)(3):10

USC

§130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 MEDICAL RECORD  
 STANDARD FORM 600 (rev. 9/95)

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP			NURSE'S SIGNATURE
<b>RESTRRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>				
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				
(b)(3):10 USC §130b,(b)(				
<b>INITIATION OF RESTRAINTS – MEDICAL OFFICER NOTE</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.				
The Detainee is informed that medical restraints will not be necessary if he chooses to eat.				
(b)(3):10 USC §130b,(b)(6)				
(b)(3):10 USC §130b,(b)(6)				

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<sup>8</sup>