

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
01 MAY 06			<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
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)		
			<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.		
			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

6930

MEDICAL RECORD		PROGRESS NOTES (Sign all orders)	
DATE AND TIME			
5/1/04	1404	<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</b> 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 Nurse	
5/1/04	1411	<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b> Indication: Malnutrition; hunger strike Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the <u>R</u> / 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) GITMO Dr. / Nurse	
5/1/04	1457	<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b> 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 1457. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problem: (b)(3):10 USC §130b,(b)(6) GITMO Nurse (continue on r	

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 (41CR)

GTMO JMG 1502

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

Date: 5/1/06      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:  
Left arm      1404      1457      Left leg      1404      1457  
Right arm      1404      1457      Right leg      1404      1457

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	1712 IK		2015		
0230			0830			1430	1712 IK		2030		
0245			0845			1445	1712 IK		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		
						1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

Addressograph

DECLASSIFIED BY 693



## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

01MAY06

(b)(2)

JTF -JMG, Medical Department, Guantanamo Bay, Cuba

1225

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 complaint.

Weight: 151.7 lbs (5/1/06)

Vitals: Temp: 98.5 F HR: 78 /min RR: 14 /min BP: 115/72

EF Day #: 126

Goal daily kcal: 2630

Received:

3 cans Jevity 1.5 + 1 can 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:

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			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
			<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
1 MAY 06 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		
			<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.		
			GITMO		
			(b)(3):10 USC §130b,(b)(6)		
			(b)(3):10 USC §130b,(b)(6)		
			5/1/06 0848		

(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			
5/1/04	0853	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 Nurse	
5/1/06	0857	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 <u>RD</u> L 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)	
		GITMO Dr. / Nurs	
5/1/06	0940	DISCONTINUATION OF RESTRAINTS NOTE AFTER	
		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>0940</u> Detainee had <u>did not have</u> physical injury from the restraint	
		episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6)	
		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 1009 (REV. 7-87)  
Prescribed by GSA/ACUR FORM 1100R



Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
5/1/06	Left arm	0853	0940	Left leg	0853	0940
	Right arm	0853	0940	Right leg	0853	0940

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

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	1710 IK	(b)(3):1	1500			2100					
0315			0915	1713 IK	0 USC	1515			2115					
0330			0930	1715 IK	§130b,(	1530			2130					
0345			0945		b)(6)	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					
						1745			2345					
(b)(3):10 USC §130b,(b)(6)			Signature			Initials			Signature			Initials		