

REVIEW OF OBSERVATION SHEET

3/10/02 - 3/11/02, 12:00 AM - 12:00 AM

Date	Initials	Time	Initials	Time	Initials
3/10/02		1440		1610	
		1440		1610	
		1440		1610	
		1440		1610	
		1440		1610	

- Observed Behaviors (every 15 minutes):** Select the appropriate codes and initial each entry.
- A. Line of sight
  - B. Seeing or touching door
  - C. Yelling or screaming
  - D. Crying
  - E. Laughing
  - F. Falling
  - G. Muttering incomprehensibly
  - H. Standing
  - I. Walking or pacing
  - J. Lying down
  - K. Setting
  - L. Quiet
  - M. Sleeping
  - N. Repeating words
  - O. Threatening self
  - P. Assaultive
  - Q. Crawling
  - R. Noncommunicative
  - S. Destructive behavior
  - T. Disobedient
  - U. Urinating defecating on floor
  - V. Other: See Note (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 1 hr)\*
  - J. ROM (q 2 hr)\*
  - K. RN observation (q 2 hr)\*
  - L. Physician Visit
  - M. Bath/shower (q 1)\*
  - N. Bath/shower refused
  - O. Pt/staff interaction
  - P. VS (q 4 hr)\*
  - Q. Other: See Notes (SF 509)
- \*Mandatory 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		(b)(3):	2000		
0215			0815			1415	1,12,2,K	10	2015		
0230			0830			1430	1,12,2,K	USC	2030		
0245			0845			1445	1,12,2,K	\$130b,	2045		
0260			0900			1500	1,12,2,K	(b)(6)	2100		
0275			0915			1515	1,12,2,K		2115		
0290			0930			1530	1,12,2,K		2130		
0305			0945			1545	1,12,2,K		2145		
0320			1000			1600	1,12,2,K		2200		
0335			1015			1615	1,12,2,K		2215		
0350			1030			1630			2230		
0365			1045			1645			2300		
0380			1100			1700			2315		
0395			1115			1715			2330		
0410			1130			1730			2345		
0425			1145								
0440			1155								
0455			1200								
0510			1215								
0525			1230								
0540			1245								

(b)(3):10 USC §130b,(b)(6)

Entered	Edited	Reviewed	Initials

693

MEDICAL RECORD DATE AND TIME		DOCTOR'S ORDERS (Sign all orders)		DOCTOR'S SIGNATURE		NURSE'S SIGNATURE	
START	STOP	PX	DRUG ORDERS				
<b>RESTRANT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>							
Place Detainee in <b>(b)(1) Sec</b>							
Reason For Restraint: Medical Necessity for Feeding							
Medical Restraints order expires after 12 hours							
Line of Sight Observation while in restraints.							
Circulation checks every 15 mins for the first hour and then every hour.							
Vital signs checks immediately after restraints and every 1 hour.							
Offer restroom and fluids every 2 hours							
Initiate Restraint Observation Checklist							
(Orders to be signed by Licensed Independent Practitioner (LIP) within 1 hour of restraints)							
(b)(3):10 USC GITMO Dr. §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.							
Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will no longer be required.							
(b)(3):10 GITMO Dr. 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 DATE AND TIME  <i>2 Feb 08 CKSO</i>	PROGRESS NOTES (Sign all orders)	
	<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE</b>	
Detainee placed in <b>(b)(1) Sec</b> 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.		
Detainee will be observed continually and he will be reminded of how his behavior must change (he must eat voluntarily) to avoid the use of medical restraints for present and future feedings. Detainee was told that he will remain in medical restraints until feed and post feed observation (60-120 minutes).		
GITMO Nurse		(b)(3):10 USC §130b,(b)(6)
<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>		
Indication: Malnutrition; hunger strike		
Under local anesthesia (viscous lidocaine, 2%), a <u>10 F / X12 F</u> enteral feeding tube was inserted in the <u>X R / L</u> 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		(b)(3):10 USC §130b,(b)(6)
<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 <u>100%</u> . 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'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 501 (REV. 7-81)  
Prescribed by GSAGMVR-FRMR (A10R)

**RRS (RATED) CONFINEMENT MONITOR SHEET**

1200-1800 1800-0600 0600-1200 1200-1800 1800-0600

Offered	Left side	Right side	Offered	Left side	Right side	Offered	Left side	Right side
Offered	Left side	Right side	Offered	Left side	Right side	Offered	Left side	Right side
Offered	Left side	Right side	Offered	Left side	Right side	Offered	Left side	Right side

Observations (every 15 minutes): Select the appropriate codes and initial each entry.

- |                             |                         |                        |                                 |
|-----------------------------|-------------------------|------------------------|---------------------------------|
| 1. Lying at right           | 7. Talking              | 13. Quiet              | 19. Crawling                    |
| 2. Reeling or rocking about | 8. Muttering incompreh. | 14. 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. Distressing                 |
| 5. Crying                   | 11. Lying down          | 17. Threatening staff  | 23. Urinating defecating in bed |
| 6. Laughing                 | 12. Sitting             | 18. Assultive          | 24. Other: See Note. (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 1 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)*         |
| Mhabit 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	2 12 K	I 0 USC §130b,(b)(6)	1445			2045		
0300			0900	1 12 K		1500			2100		
0315			0915	2 12 K		1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	2 12 K		1545			2145		
0400			1000	1 12 K		1600			2200		
0415			1015	2 12 K		1615			2215		
0430			1030	2 12 K		1630			2230		
0445			1045	3 12 K		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

Date

GTMO JMG 677

MEDICAL RECORD		DOCTOR'S ORDERS (Sign w/ orders)	
DATE AND TIME		DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP	RX	NURSE'S SIGNATURE
<b>RESTRANT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>			
Place Detainee in <b>(b)(1) Sec</b>			
Reason For Restraint: Medical Necessity for Feeding			
Medical Restraints order expires after 12 hours			
Line of Sight Observation while in restraints.			
Circulation checks every 15 mins for the first hour and then every hour			
Vital signs checks immediately after restraints and every 1 hour.			
Offer restroom and fluids every 2 hours			
Initiate Restraint Observation Checklist			
(Orders to be signed by Licensed Independent Provider)		(b)(3):10 USC §130b,(b)(6)	within 1 hour of restraints)
GITMO D			
<b>INITIATION OF RESTRAINTS - MEDICAL</b>			
Reason for Restraint: Medical Necessity for Feeding			
Despite being advised that hunger striking is detrimental to his health, the detainee refuses to eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There is no evidence that medications or a medical process is causing this detainee's refusal to eat. Detainee does not have any medical condition/disability that would place him at greater risk during feeding using medical restraints.			
Detainee will be observed continually while in medical restraints.			
Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will no longer be required.			
(b)(3):10 USC §130b,(b)(6)		GITMO	

(continues 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

643

STANDARD FORM 108 (REV. 3-64)  
Prescribed by USAF/CMPR, FIE/MK (AFM) 201-A, 201-A

GTMO JMG 678

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)	
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE	
6/6/01 (4107)	<b>(b)(1) Sec</b>	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. Detainee will be observed continually and he will be reminded of how his behavior must change (he must eat voluntarily) to avoid the use of medical restraints for present and future feedings. Detainee was told that he will remain in medical restraints until feed and post feed observation (60-120 minutes).  (b)(3):10 USC §130b,(b)(6) GITMO Nurse
<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>  Indication: Malnutrition; hunger strike  Under local anesthesia (viscous lidocaine, 2%), a 10 F / <del>12 F</del> enteral feeding tube was inserted in the <del>R</del> / L nostril using standard procedure. A stylet was <del>was not used</del> .  Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.  (b)(3):10 USC §130b,(b)(6) GITMO Dr. / Nurse		
<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b>  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 (6/6/01). 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 (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 602 (REV. 7-91)  
Prescribed by CSA-CVRC, FBNR (4108)

INSTITUTIONAL OBSERVATION SHEET  
100-10000000000000000000000000000000

66642466	1000-10000000000000000000000000000000	1000-10000000000000000000000000000000	1000-10000000000000000000000000000000	1000-10000000000000000000000000000000	1000-10000000000000000000000000000000	
	Left eye	Right eye	Left ear	Right ear	Left leg	Right leg
	1462	1462	1462	1462	1462	1462

- Observations (every 15 minutes):** Select the appropriate codes and initial each entry.
- 1. Line of sight
  - 2. Scratching or licking eyes
  - 3. Yelling or screaming
  - 4. Crying
  - 5. Crying
  - 6. Breathing
  - 7. Talking
  - 8. Moaning/incoherently
  - 9. Standing
  - 10. Walking or pacing
  - 11. Lying down
  - 12. Sitting
  - 13. Quiet
  - 14. Sleeping
  - 15. Requiring assistance
  - 16. Harmful to self
  - 17. Threatening staff
  - 18. Assaultive
  - 19. Crawling
  - 20. Noncommunicative
  - 21. Destructive Behavior
  - 22. Disobedient
  - 23. Urinating/defecating, n/p
  - 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 ½ hr)\*
  - J. ROM (q 2 hr)\*
  - K. RN observation (q 2 hr)\*
  - L. Physician Visit
  - M. Bath/shower (qd)\*
  - N. Bath/shower refused
  - O. Pbstaff 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	(b)(3):1 0 USC §130b,(b)(6)		2000		
0215			0815			1415	1,12, K		2015		
0230			0830			1430	1,12, K		2030		
0245			0845			1445	1,12, K		2045		
0300			0900			1500	1,12, K		2100		
0315			0915			1515	1,12, K		2115		
0330			0930			1530	1,12, K		2130		
0345			0945			1545	1,12, K		2145		
0400			1000			1600	1,12, K		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)

Initials	Date	Officer	Signature	Initials

693

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME	RX	DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP		NURSE'S SIGNATURE
<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>			
Place Detainee in <b>(b)(1) Sec</b>			
Reason For Restraint: Medical Necessity for Feeding			
Medical Restraints order expires after 12 hours			
Line of Sight Observation while in restraints.			
Circulation checks every 15 mins for the first hour and then every hour.			
Vital signs checks immediately after restraints and every 1 hour.			
Offer restroom and fluids every 2 hours			
Initiate Restraint Observation Checklist			
(Orders to be signed by Licensed Independent Practitioner)		(b)(3):10 USC §130b,(b)(6) GITMO	P) within 1 hour of restraints)
<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.			
Detainee was told that he will remain in restraints until feed and post feed observation time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary feeding in medical restraints will no longer be required.			
(b)(3):10 USC §130b,(b)(6) GITMO			

(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

WGB

STANDARD FORM 500 (REV. 3-84)  
Prescribed by GS-AOMR, DODMR (41 CFR) 201-6 200

GTMO JMG 681

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)	
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE	
<i>1/1/08</i>	Detainee placed in <b>(b)(1) Sec 14A</b>	Reason for Restraint: Medical Necessity
<i>QASK</i>	Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. His behavior is due to his refusal to eat and not due to mental status change or illness. Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered food at every meal, yet he refuses to eat. Because the detainee refuses to eat, restraints were initiated for medical necessity for feeding. Detainee will be observed continually and he will be reminded of how his behavior must change (he must eat voluntarily) to avoid the use of medical restraints for present and future feedings. Detainee was told that he will remain in medical restraints until feed and post feed observation (60-120 minutes).	
	GITMO Nurse	(b)(3):10 USC §130b,(b)(6)
<i>1/1/08</i>	<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>	
<i>QASK</i>	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	(b)(3):10 USC §130b,(b)(6)
<i>1/1/08</i>	<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEED</b>	
<i>QASK</i>	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 <i>1000</i> . Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode. (continued on reverse)	
	GITMO Nurse	(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)

PROGRESS NOTES  
Medical Record

STANDARD FORM 603 (REV. 7-61)  
Prescribed by GSAB/NR, PIR/DR (e1/CH)