

MEDICAL RECORD

DATE AND TIME

GITMO Medical Center

18193-10-100000

1/17/2015  
1918

## INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Sec 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)1/17/2015  
1918

## PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Mainutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC Q.F. 12) enteral feeding tube was

inserted in the (b)(3):10 USC nostril using standard procedure. A st (b)(3):10 USC was not used.

Patient tolerated the procedure well. Placement in stomach was confirmed by

(asufflation and test dose of water). Successful procedure without complications (b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

1/17/2015  
1915

## 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 1215. Detainee (b)(3):10 USC 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

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME, last, first)

middle, initials, rank, title, no. phone, medical facility)

#6093

WORKSHEET  
Nurse

DATE AND TIME

DATE AND TIME

CLASH STATE

DOCTOR'S ORDERS

DOCTOR'S  
SIGNATURENurse's  
SIGNATURE

## RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING

Place Detainee in (b)(1) Sec

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  
§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.

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)

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

GTMO JMG 744



12/5  
12/8

|              |                        |                               |                    |
|--------------|------------------------|-------------------------------|--------------------|
| 1. Softened  | F. Softened (q 1 hr)   | 3. Ch. 100% softened (q 2 hr) | 11. Bath (no soap) |
| 12. Softened | F. Softened (q 1 hr)   | 4. Ch. 100% softened (q 2 hr) | 12. Bath (no soap) |
| 13. Hardened | G. Moderation softened | 5. Ch. 100% softened (q 2 hr) | 13. Bath (no soap) |
| 14. Hardened | H. Moderation softened | 6. Ch. 100% softened (q 2 hr) | 14. Bath (no soap) |

(b)(3):10 USC §130b,(b)(6)

693 no.



| PATIENT IDENTIFICATION |  | DOCTOR'S ORDERS                                                                                                                                                                                                                                                                                                                                                                                                                     |  | NURSE'S SIGNATURE |  |
|------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|
| 17 Jan 46              |  | RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING                                                                                                                                                                                                                                                                                                                                                                       |  |                   |  |
| 14247                  |  | Place Detainee in (b)(1) Sec                                                                                                                                                                                                                                                                                                                                                                                                        |  |                   |  |
|                        |  | 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 §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.                                                                                                                                                                                                                                                                                                                                                                  |  |                   |  |
|                        |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                          |  |                   |  |

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

973 PM

DOCTOR'S ORDERS  
MEDICAL TO:

WEEK AL REVISION

DATE AND TIME

1. For ALL - 15. 11/14/12

(Sign of Nurse)

11/14/12

1530

**INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE**

Detainee placed in **(b)(1) Sec** 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

**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F orotracheal 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)

**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 11:45. 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

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME - last, first

and/or grade, rank, rate, no total or medical facility)

NOV 14 2012

11/14/12



23

[illegible]

| Time | Date | Time | Date | Time | Date |
|------|------|------|------|------|------|
| 0110 |      | 0600 |      | 1200 |      |
| 0115 |      | 0615 |      | 1215 |      |
| 0130 |      | 0630 |      | 1230 |      |
| 0145 |      | 0645 |      | 1245 |      |
| 0100 |      | 0700 |      | 1300 |      |
| 0115 |      | 0715 |      | 1315 |      |
| 0130 |      | 0730 |      | 1330 |      |
| 0145 |      | 0745 |      | 1345 |      |
| 0200 |      | 0800 |      | 1400 |      |
| 0215 |      | 0815 |      | 1415 |      |
| 0230 |      | 0830 |      | 1430 |      |
| 0245 |      | 0845 |      | 1445 |      |
| 0300 |      | 0900 |      | 1500 |      |
| 0315 |      | 0915 |      | 1515 |      |
| 0330 |      | 0930 |      | 1530 |      |
| 0345 |      | 0945 |      | 1545 |      |
| 0400 |      | 1000 |      | 1600 |      |
| 0415 |      | 1015 |      | 1615 |      |
| 0430 |      | 1030 |      | 1630 |      |
| 0445 |      | 1045 |      | 1645 |      |
| 0500 |      | 1100 |      | 1700 |      |
| 0515 |      | 1115 |      | 1715 |      |
| 0530 |      | 1130 |      | 1730 |      |
| 0545 |      | 1145 |      | 1745 |      |
| 0600 |      | 1200 |      | 1800 |      |
| 0615 |      | 1215 |      | 1815 |      |
| 0630 |      | 1230 |      | 1830 |      |
| 0645 |      | 1245 |      | 1845 |      |
| 0700 |      | 1300 |      | 1900 |      |
| 0715 |      | 1315 |      | 1915 |      |
| 0730 |      | 1330 |      | 1930 |      |
| 0745 |      | 1345 |      | 1945 |      |
| 0800 |      | 1400 |      | 2000 |      |
| 0815 |      | 1415 |      | 2015 |      |
| 0830 |      | 1430 |      | 2030 |      |
| 0845 |      | 1445 |      | 2045 |      |
| 0900 |      | 1500 |      | 2100 |      |
| 0915 |      | 1515 |      | 2115 |      |
| 0930 |      | 1530 |      | 2130 |      |
| 0945 |      | 1545 |      | 2145 |      |
| 1000 |      | 1600 |      | 2200 |      |
| 1015 |      | 1615 |      | 2215 |      |
| 1030 |      | 1630 |      | 2230 |      |
| 1045 |      | 1645 |      | 2245 |      |
| 1100 |      | 1700 |      | 2300 |      |
| 1115 |      | 1715 |      | 2315 |      |
| 1130 |      | 1730 |      | 2330 |      |
| 1145 |      | 1745 |      | 2345 |      |
| 1200 |      | 1800 |      | 2400 |      |
| 1215 |      | 1815 |      | 2415 |      |
| 1230 |      | 1830 |      | 2430 |      |
| 1245 |      | 1845 |      | 2445 |      |
| 1300 |      | 1900 |      | 2500 |      |
| 1315 |      | 1915 |      | 2515 |      |
| 1330 |      | 1930 |      | 2530 |      |
| 1345 |      | 1945 |      | 2545 |      |
| 1400 |      | 2000 |      | 2600 |      |
| 1415 |      | 2015 |      | 2615 |      |
| 1430 |      | 2030 |      | 2630 |      |
| 1445 |      | 2045 |      | 2645 |      |
| 1500 |      | 2100 |      | 2700 |      |
| 1515 |      | 2115 |      | 2715 |      |
| 1530 |      | 2130 |      | 2730 |      |
| 1545 |      | 2145 |      | 2745 |      |
| 1600 |      | 2200 |      | 2800 |      |
| 1615 |      | 2215 |      | 2815 |      |
| 1630 |      | 2230 |      | 2830 |      |
| 1645 |      | 2245 |      | 2845 |      |
| 1700 |      | 2300 |      | 2900 |      |
| 1715 |      | 2315 |      | 2915 |      |
| 1730 |      | 2330 |      | 2930 |      |
| 1745 |      | 2345 |      | 2945 |      |
| 1800 |      | 2400 |      | 3000 |      |
| 1815 |      | 2415 |      | 3015 |      |
| 1830 |      | 2430 |      | 3030 |      |
| 1845 |      | 2445 |      | 3045 |      |
| 1900 |      | 2500 |      | 3100 |      |
| 1915 |      | 2515 |      | 3115 |      |
| 1930 |      | 2530 |      | 3130 |      |
| 1945 |      | 2545 |      | 3145 |      |
| 2000 |      | 2600 |      | 3200 |      |
| 2015 |      | 2615 |      | 3215 |      |
| 2030 |      | 2630 |      | 3230 |      |
| 2045 |      | 2645 |      | 3245 |      |
| 2100 |      | 2700 |      | 3300 |      |
| 2115 |      | 2715 |      | 3315 |      |
| 2130 |      | 2730 |      | 3330 |      |
| 2145 |      | 2745 |      | 3345 |      |
| 2200 |      | 2800 |      | 3400 |      |
| 2215 |      | 2815 |      | 3415 |      |
| 2230 |      | 2830 |      | 3430 |      |
| 2245 |      | 2845 |      | 3445 |      |
| 2300 |      | 2900 |      | 3500 |      |
| 2315 |      | 2915 |      | 3515 |      |
| 2330 |      | 2930 |      | 3530 |      |
| 2345 |      | 2945 |      | 3545 |      |
| 2400 |      | 3000 |      | 3600 |      |
| 2415 |      | 3015 |      | 3615 |      |
| 2430 |      | 3030 |      | 3630 |      |
| 2445 |      | 3045 |      | 3645 |      |
| 2500 |      | 3100 |      | 3700 |      |
| 2515 |      | 3115 |      | 3715 |      |
| 2530 |      | 3130 |      | 3730 |      |
| 2545 |      | 3145 |      | 3745 |      |
| 2600 |      | 3200 |      | 3800 |      |
| 2615 |      | 3215 |      | 3815 |      |
| 2630 |      | 3230 |      | 3830 |      |
| 2645 |      | 3245 |      | 3845 |      |
| 2700 |      | 3300 |      | 3900 |      |
| 2715 |      | 3315 |      | 3915 |      |
| 2730 |      | 3330 |      | 3930 |      |
| 2745 |      | 3345 |      | 3945 |      |
| 2800 |      | 3400 |      | 4000 |      |
| 2815 |      | 3415 |      | 4015 |      |
| 2830 |      | 3430 |      | 4030 |      |
| 2845 |      | 3445 |      | 4045 |      |
| 2900 |      | 3500 |      | 4100 |      |
| 2915 |      | 3515 |      | 4115 |      |
| 2930 |      | 3530 |      | 4130 |      |
| 2945 |      | 3545 |      | 4145 |      |
| 3000 |      | 3600 |      | 4200 |      |
| 3015 |      | 3615 |      | 4215 |      |
| 3030 |      | 3630 |      | 4230 |      |
| 3045 |      | 3645 |      | 4245 |      |
| 3100 |      | 3700 |      | 4300 |      |
| 3115 |      | 3715 |      | 4315 |      |
| 3130 |      | 3730 |      | 4330 |      |
| 3145 |      | 3745 |      | 4345 |      |
| 3200 |      | 3800 |      | 4400 |      |
| 3215 |      | 3815 |      | 4415 |      |
| 3230 |      | 3830 |      | 4430 |      |
| 3245 |      | 3845 |      | 4445 |      |
| 3300 |      | 3900 |      | 4500 |      |
| 3315 |      | 3915 |      | 4515 |      |
| 3330 |      | 3930 |      | 4530 |      |
| 3345 |      | 3945 |      | 4545 |      |
| 3400 |      | 4000 |      | 4600 |      |
| 3415 |      | 4015 |      | 4615 |      |
| 3430 |      | 4030 |      | 4630 |      |
| 3445 |      | 4045 |      | 4645 |      |
| 3500 |      | 4100 |      | 4700 |      |
| 3515 |      | 4115 |      | 4715 |      |
| 3530 |      | 4130 |      | 4730 |      |
| 3545 |      | 4145 |      | 4745 |      |
| 3600 |      | 4200 |      | 4800 |      |
| 3615 |      | 4215 |      | 4815 |      |
| 3630 |      | 4230 |      | 4830 |      |
| 3645 |      | 4245 |      | 4845 |      |
| 3700 |      | 4300 |      | 4900 |      |
| 3715 |      | 4315 |      | 4915 |      |
| 3730 |      | 4330 |      | 4930 |      |
| 3745 |      | 4345 |      | 4945 |      |
| 3800 |      | 4400 |      | 5000 |      |
| 3815 |      | 4415 |      | 5015 |      |
| 3830 |      | 4430 |      | 5030 |      |
| 3845 |      | 4445 |      | 5045 |      |
| 3900 |      | 4500 |      | 5100 |      |
| 3915 |      | 4515 |      | 5115 |      |
| 3930 |      | 4530 |      | 5130 |      |
| 3945 |      | 4545 |      | 5145 |      |
| 4000 |      | 4600 |      | 5200 |      |
| 4015 |      | 4615 |      | 5215 |      |
| 4030 |      | 4630 |      | 5230 |      |
| 4045 |      | 4645 |      | 5245 |      |
| 4100 |      | 4700 |      | 5300 |      |
| 4115 |      | 4715 |      | 5315 |      |
| 4130 |      | 4730 |      | 5330 |      |
| 4145 |      | 4745 |      | 5345 |      |
| 4200 |      | 4800 |      | 5400 |      |
| 4215 |      | 4815 |      | 5415 |      |
| 4230 |      | 4830 |      | 5430 |      |
| 4245 |      | 4845 |      | 5445 |      |
| 4300 |      | 4900 |      | 5500 |      |
| 4315 |      | 4915 |      | 5515 |      |
| 4330 |      | 4930 |      | 5530 |      |
| 4345 |      | 4945 |      | 5545 |      |
| 4400 |      | 5000 |      | 5600 |      |
| 4415 |      | 5015 |      | 5615 |      |
| 4430 |      | 5030 |      | 5630 |      |
| 4445 |      | 5045 |      | 5645 |      |
| 4500 |      | 5100 |      | 5700 |      |
| 4515 |      | 5115 |      | 5715 |      |
| 4530 |      | 5130 |      | 5730 |      |
| 4545 |      | 5145 |      | 5745 |      |
| 4600 |      | 5200 |      | 5800 |      |
| 4615 |      | 5215 |      | 5815 |      |
| 4630 |      | 5230 |      | 5830 |      |
| 4645 |      | 5245 |      | 5845 |      |
| 4700 |      | 5300 |      | 5900 |      |
| 4715 |      | 5315 |      | 5915 |      |
| 4730 |      | 5330 |      | 5930 |      |
| 4745 |      | 5345 |      | 5945 |      |
| 4800 |      | 5400 |      | 6000 |      |
| 4815 |      | 5415 |      | 6015 |      |
| 4830 |      | 5430 |      | 6030 |      |
| 4845 |      | 5445 |      | 6045 |      |
| 4900 |      | 5500 |      | 6100 |      |
| 4915 |      | 5515 |      | 6115 |      |
| 4930 |      | 5530 |      | 6130 |      |
| 4945 |      | 5545 |      | 6145 |      |
| 5000 |      | 5600 |      | 6200 |      |
| 5015 |      | 5615 |      | 6215 |      |
| 5030 |      | 5630 |      | 6230 |      |
| 5045 |      | 5645 |      | 6245 |      |
| 5100 |      | 5700 |      | 6300 |      |
| 5115 |      | 5715 |      | 6315 |      |
| 5130 |      | 5730 |      | 6330 |      |
| 5145 |      | 5745 |      | 6345 |      |
| 5200 |      | 5800 |      | 6400 |      |
| 5215 |      | 5815 |      | 6415 |      |
| 5230 |      | 5830 |      | 6430 |      |
| 5245 |      | 5845 |      | 6445 |      |
| 5300 |      | 5900 |      | 6500 |      |
| 5315 |      | 5915 |      | 6515 |      |
| 5330 |      | 5930 |      | 6530 |      |
| 5345 |      | 5945 |      | 6545 |      |
| 5400 |      | 6000 |      | 6600 |      |
| 5415 |      | 6015 |      | 6615 |      |
| 5430 |      | 6030 |      | 6630 |      |
| 5445 |      | 6045 |      | 6645 |      |
| 5500 |      | 6100 |      | 6700 |      |
| 5515 |      | 6115 |      | 6715 |      |
| 5530 |      | 6130 |      | 6730 |      |
| 5545 |      | 6145 |      | 6745 |      |
| 5600 |      | 6200 |      | 6800 |      |
| 5615 |      | 6215 |      | 6815 |      |
| 5630 |      | 6230 |      | 6830 |      |
| 5645 |      | 6245 |      | 6845 |      |
| 5700 |      | 6300 |      | 6900 |      |
| 5715 |      | 6315 |      | 6915 |      |
| 5730 |      | 6330 |      | 6930 |      |
| 5745 |      | 6345 |      | 6945 |      |
| 5800 |      | 6400 |      | 7000 |      |
| 5815 |      | 6415 |      | 7015 |      |
| 5830 |      | 6430 |      | 7030 |      |
| 5845 |      | 6445 |      | 7045 |      |
| 5900 |      | 6500 |      | 7100 |      |
| 5915 |      | 6515 |      | 7115 |      |
| 5930 |      | 6530 |      | 7130 |      |
| 5945 |      | 6545 |      | 7145 |      |
| 6000 |      | 6600 |      | 7200 |      |
| 6015 |      | 6615 |      | 7215 |      |
| 6030 |      | 6630 |      | 7230 |      |
| 6045 |      | 6645 |      | 7245 |      |
| 6100 |      | 6700 |      | 7300 |      |
| 6115 |      | 6715 |      | 7315 |      |
| 6130 |      | 6730 |      | 7330 |      |
| 6145 |      | 6745 |      | 7345 |      |
| 6200 |      | 6800 |      | 7400 |      |
| 6215 |      | 6815 |      | 7415 |      |
| 6230 |      | 6830 |      | 7430 |      |
| 6245 |      | 6845 |      | 7445 |      |
| 6300 |      | 6900 |      | 7500 |      |
| 6315 |      | 6915 |      | 7515 |      |
| 6330 |      | 6930 |      | 7530 |      |
| 6345 |      | 6945 |      | 7545 |      |
| 6400 |      | 7000 |      | 7600 |      |
| 6415 |      | 7015 |      | 7615 |      |
| 6430 |      | 7030 |      | 7630 |      |
| 6445 |      | 7045 |      | 7645 |      |
| 6500 |      | 7100 |      | 7700 |      |
| 6515 |      | 7115 |      | 7715 |      |
| 6530 |      | 7130 |      | 7730 |      |
| 6545 |      | 7145 |      | 7745 |      |
| 6600 |      | 7200 |      | 7800 |      |
| 6615 |      | 7215 |      | 7815 |      |
| 6630 |      | 7230 |      | 7830 |      |
| 6645 |      | 7245 |      | 7845 |      |
| 6700 |      | 7300 |      | 7900 |      |
| 6715 |      | 7315 |      | 7915 |      |
| 6730 |      | 7330 |      | 7930 |      |
| 6745 |      | 7345 |      | 7945 |      |
| 6800 |      | 7400 |      | 8000 |      |
| 6815 |      | 7415 |      | 8015 |      |
| 6830 |      | 7430 |      | 8030 |      |
| 6845 |      | 7445 |      | 8045 |      |
| 6900 |      | 7500 |      | 8100 |      |
| 6915 |      | 7515 |      | 8115 |      |
| 6930 |      | 7530 |      | 8130 |      |
| 6945 |      | 7545 |      | 8145 |      |
| 7000 |      | 7600 |      | 8200 |      |
| 7015 |      | 7615 |      | 8215 |      |
| 7030 |      | 7630 |      | 8230 |      |
| 7045 |      | 7645 |      | 8245 |      |
| 7100 |      | 7700 |      | 8300 |      |
| 7115 |      | 7715 |      | 8315 |      |
| 7130 |      | 7730 |      | 8330 |      |
|      |      |      |      |      |      |

943 m



| MEDICAL RECORD        |      |    | DOCTOR'S ORDERS<br>(Sign all orders)                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                   |
|-----------------------|------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| DATE AND TIME         |      | RX | DRUG ORDERS                                                                                                                                                                                                                                                                                                                                                                                                                                  | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| 16                    | Jan  | 46 | RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING                                                                                                                                                                                                                                                                                                                                                                                |                    |                   |
|                       | 1314 |    | Place Detainee in (b)(1) Sec                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                   |
|                       |      |    | Reason For Restraint: Medical Necessity for Feeding                                                                                                                                                                                                                                                                                                                                                                                          |                    |                   |
|                       |      |    | Medical Restraints: order expires after 12 hours                                                                                                                                                                                                                                                                                                                                                                                             |                    |                   |
|                       |      |    | Line of Sight observation while in restraints and record 15-minute checks while in restraints                                                                                                                                                                                                                                                                                                                                                |                    |                   |
|                       |      |    | Circulation Checks every 15 mins for the first hour then every hour.                                                                                                                                                                                                                                                                                                                                                                         |                    |                   |
|                       |      |    | Vital sign checks immediately after restraint and every 4 hours                                                                                                                                                                                                                                                                                                                                                                              |                    |                   |
|                       |      |    | Offer restroom and fluids every 2 hours                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                   |
|                       |      |    | Initiate Restraint Observation Checklist                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                   |
|                       |      |    | (Orders to be signed by Licensed Independent Practitioner (LIP) within 1 hour of restraint)                                                                                                                                                                                                                                                                                                                                                  |                    |                   |
| Notes: 1/16/04 c 1430 |      |    | (b)(3):10 USC §130b,(b)(6)                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                   |
| 16                    | Jan  | 46 | INITIATION OF RESTRAINTS - MEDICAL OFFICER NOTE                                                                                                                                                                                                                                                                                                                                                                                              |                    |                   |
|                       | 1314 |    | 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 not evidence that medications or a medical process are contributing to 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)                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                   |

(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. |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|----------|

693 1m

DOCTOR'S ORDERS  
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTES

(Sign all orders)

DATE AND TIME

4/16/86  
@ 1500

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Sec 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 m (b)(3):10 USC §130b,(b)(6)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (b)(3):10 USC §130b,(b)(6) viscous lidocaine, 2% (b)(3):12 F enteral feeding tube was inserted in the (b)(3):10 USC §130b,(b)(6) nostril using standard procedure. A sty:10 s / was not used.

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)

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 1659 Detainee had did not have physical (b)(3):10 USC §130b,(b)(6) episode. Detainee reported the following problems related to the restra

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

# 1093

PROGRESS NOTES  
Medical Record



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

Date:

1/10/84

Limb Restrained:

Left arm

Right arm

Time In:

1530

1530

Time Out:

1630

1630

Limb Restrained:

Left leg

Right leg

Time In:

1530

1530

Time Out:

1630

1630

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. Poststaff 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 |      |          |      |      |          |

(b)(3):  
10  
USC  
§130b,  
(b)(6)

(b)(3):10 USC §130b,(b)(6)

|           |          |           |          |
|-----------|----------|-----------|----------|
| Signature | Initials | Signature | Initials |
|           |          |           |          |

| DATE AND TIME |      | DOCTOR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NURSE'S SIGNATURE |
|---------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| START         | STOP | DOCTOR'S ORDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| 26 Jan 06     | 7:15 | <b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b><br>Place Detainee in (b)(1) Sec<br>Reason For Restraint: Medical Necessity for Feeding<br>Medical Restraints order expires after 12 hours<br>Line of Sight Observation while in restraints.<br>Circulation checks every 15 mins for the first hour and then every hour.<br>Vital signs checks immediately after restraints and every 1 hour.<br>Offer restroom and fluids every 2 hours<br>Initiate Restraint Observation Checklist<br>(Orders to be signed by Licensed Independent Practitioner (LIP) within 1 hour of restraints)<br>GITMO Dr. (b)(3):<br><b>10</b>                                                                                                                                                                                                                                                                         |                   |
| 26 Jan 06     | 7:15 | <b>INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE</b><br>Reason for Restraint: Medical Necessity for Feeding<br>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.<br>Detainee will be observed continually while in medical restraints.<br>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.<br>GITMO Dr. (b)(3):<br><b>10 USC</b> |                   |

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

REGISTER NO. WARD NO.

673 AM

DOCTOR'S ORDERS  
MEDICAL R.