DOB

DETAINEE MEDICAL PROFILE

ALLERGIES: NKDA	DIET:

Date Problem Noted	Diagnosis	Date	Procedures/Admissions
H/O	PVD		
H/O	NEPHROLITHIASIS		
6/28/03	VOLUNTARY MALNUTRITION/DEHYDRATION		
7.05	Hungerstriker		
8.05	Hungerstriker		
8.05	ADMI- Wgt 131		

TREATMENTS:		IMMUNIZATIONS:	
Date	Procedure	Date	Vaccine
			PPD
			Hep B
			Hep A
			Flu
			MMR
			Tetanus
		9Feb05	HIV Neg

DJTF 888-00-0693

ISN: 0693 Cell Block: _____

5Xs-111 NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	Rx	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
16 Sep 05			1) Soft Diet double portions x 30 days		(b)(3):10 USC §130b,(b)(6)
			2) Ensure ☐ TID x 3 days	(b)(3):10 USC §130b,(b)(6)	
			3) Clear liquid in 3 days = SIR mgs	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC
			Noted Osep Hose 1615		(b)(3):10 USC §130b,(b)(6)
			Verified 9/8/05 @ 1622		
14 Sep 05			Soft diet x 2 weeks	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)
			Total glucose 2 gm	(b)(3):10 USC	
			added verbal ord Hospital 1235		(b)(3):10 USC §130b,(b)(6)
21 Sep 05			Zantac 150mg ☐ has BID x 30 days		(b)(3):10 USC §130b,(b)(6)
			Colace (Discarded) 5mg ☐ has 1x 3 days daily		
			Smoke cease 50mg ☐ has TID x 3 wks		
			Continue Soft diet x 2 wks		
			Ensure ☐ TID x 3 days		(b)(3):10 USC §130b,(b)(6)
			noted 21 Sep 05 @ 0945	(b)(3):10 USC §130b,(b)(6)	
			added verbal ord Hospital 1235		(b)(3):10 USC §130b,(b)(6)
9-30-05			Change med. dispensing times to Random Schedule Diet	(b)(3):10 USC §130b,(b)(6)	
			Noted (b)(3):10 USC §130b,(b)(6) 9/30/05 0930		
			verified 9/30/05 @ 1925		(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

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-94)
Prescribed by GSA/ICMR 41 CFR (SR) 101-11.303-1

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	KX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
Labs 05			D/C Zantac		
			Start Bactrim DS 20mg-T bid daily for 10 days	(b)(3):10 USC	
			Noted by Smith CSP NL 11/1/05	(b)(3):10 USC §130b,(b)(6)	
(b)(3):10 USC §130b,(b)(6)			@ 1049		
			Verified (b)(3):10 USC §130b,(b)(6) @ 1049 DLM/SDC		
(b)(2)			Notified, Tes had relief for eyes with -05 @ 0900 Order Verified by Flem	(b)(3):10 USC §130b,(b)(6)	
			12Dec05 Brought into clinic for eye irrigation by HM	(b)(3):10 USC §130b,(b)(6)	
			Labs Noted		
(b)(2)			Patient Evaluated by PA Dr. [illegible]	(b)(3):10 USC §130b,(b)(6)	
			12/10/05 obs. Not to RT	(b)(3):10 USC §130b,(b)(6)	
12/17/05			d/c ordered	(b)(3):10 USC §130b,(b)(6)	
			↑ augmentin to bid	(b)(3):10 USC §130b,(b)(6)	
			discuss 24hrs p-op		
			follow up in clinic in 2-3 weeks	(b)(3):10 USC §130b,(b)(6)	Appt 10/30/05
			H. Nielsen Stbd Hg x1		
			12/17/05 Noted	(b)(3):10 USC §130b,(b)(6)	
			12/17/05 2246 Verified		

STANDARD FORM 603 (Rev. 3-94) BACK

GTMO JMG 3

SOS-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	OSCAR BLOCK DISCHARGE ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
06 Jun 06		1	Discharge: From (b)(1) to Transition Block per Duty		(b)(3):10 USC §130b,(b)(6)
1735		2	Diagnosis: Resolution of Detainee Hunger Strike		
		3	Condition: Well hydrated, stable, and good.		
		4	Weighting Detainees: Daily weights while in the transition block status		
		5	Activity: Per Guard Force protocol		
		6	Diet: Regular per Camp Protocol		
		7	Followup: The assigned Block Hospital Corpsman from the Camp Delta Clinic will provide daily medical visits to this transition block.		
		8	Supplemental feeding: The assigned Block Hospital Corpsman will provide up to two cans of Vanilla flavored ENSURE to the detainee at / or around the hours of 0600 and 1400 daily. The Guard Force will supervise the consumption of this supplemental feeding per block protocol.		
		9	Laboratory Studies: Basic Metabolic Panel, LTFs, CBC, Mg, Phos, and Ca upon leaving (b)(2) if not obtained within the past 48 hours and every three days while in the transition block status.		
			→ Today's labs already drawn. Repeat in 3 days.		
		10	Fly up to Delta Clinic JTF GTMO Dr. (b)(3):10 USC §130b,(b)(6) in one week. (b)(3):10 USC		
			(b)(3):10 USC §130b,(b)(6)	6/6/06 0100	
			Noted by (b)(3):10 USC §130b,(b)(6)		

PATIENT'S IDENTIFICATION (middle; grade, rank, rate, hospital or medical facility)

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 603 (REV. 1-94)
Prescribed by GSA/IOMR FIRMR (41 CFR) 201-6.202-1

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TO DELTA CLINIC

DD Form 1131

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
2 Mar 06					
0650		①	BRAT diet x 3 days. Then advance as tolerated.	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
		②	Ensure can c meals PO		
5/2/06			Med ex		
4 Mar 06			① Advance diet as tolerated to regular diet as diarrhea resolves	(b)(3):10 USC §130b,(b)(6)	
4/Mar/06			X 5 days Flagyl		
2 Mar 06				(b)(3):10 USC §130b,(b)(6)	
				5/2/06	

(Continued 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

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 502 (Rev. 8-94)
Prescribed by GSA/ICSM 7NSN 7540-01-317-5401 502-101

GTMO JMG 5

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	OSCAR BLOCK DISCHARGE ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
23 Feb 06 1552		1	Transfer: From (b)(1) Sec 1.4 A		
(b)(3):10		2	Diagnosis: Hunger Strike--Temporarily holding enteral feeds until nasal inflammation improves		
1410		3	Condition: Well hydrated, stable, and good.		
		4	Weighting Detainees: Daily weights while in papa block.		(b)(3):10 USC §130b,(b)(6)
		5	Activity: Per Guard Force protocol		
		6	Diet: Brat x 3 then Soft x 3 then Regular if detainee decides to eat		
		7	Followup: The assigned Block Hospital Corpsman from the Camp Delta Clinic will provide daily medical visits to papa block. The detainee will also be seen by a medical provider while at Papa.		
		8	Supplemental feeding: The assigned Block Hospital Corpsman will provide 3 cans of 2 Cal, 1 can Boost + and 1 can Jevity 1.0 to the detainee if he decides not to eat but drink a liquid meal at 0700 & 1400 . The Guard Force will supervise the consumption of this feeding per block protocol.		
		9	Meds: a. Flonase 2 sprays in each nostril bid b. Normal saline (sea soft nasal mist) 5-10 drops in each nostril bid c. Claritin 10mg po daily		
		10	Other: Give at least 64oz water per day		
		11	Please ensure transportation to Delta clinic for 0730 appointm	(b)(3):10 USC §130b,(b)(6)	

Verified

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION mi

REGISTER NO. WARD NO.

2/23/06 0733

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/OMR FPMR (41 CFR) 201-8.202-1

Detainee Medical Profile Flowsheet

Medication Allergies:	**Other Allergies:**
Inprocessing weight:	**Current Diet:**

Chronic Illnesses		Chronic Medications	

Hospitalizations		Special Procedures	

Screening Exams

Test	Frequency	Date	Date	Date	Date	Date	Date	Date
Health Assessment	Annual							
Weights	3 months							
Blood Pressure	Annual							
Cholesterol	>40 yo							
Dental Exam	Annual							
Eye/vision Exam	Annual							
Colon Cancer Screening	>50 yo							
Prostate	>50yo							

Immunizations

	TYPE	DATE	TYPE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
#1	Hep A		Tetanus							
#2	Hep A		FLU							
#2	Hep B		FLU							
#3	Hep B		PPD mm	0 mm						
#1	MMR		Date	[illegible]						
#2	MMR		PPD mm							
	Pneumo		Date							

Patient Identification	Date of Birth	Special Test Results	
Date Sheet last updated:			

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
8 SEP 05			① Soft Diet double portions x 30 days	(b)(3):10 USC §130b,(b)(6)	
			② Ensure ☕ TID x 2 wks	(b)(3):10 USC §130b,(b)(6)	
			③ Clinic visit in 2 wks - s/p w/s	(b)(3):10 USC §130b,(b)(6)	
			Noted 07Sep05 1615		
			Verified 9/8/05 @ 1622		
14 Sep 05			Soft diet x 2 wks	(b)(3):10 USC §130b,(b)(6)	
			Noted 14Sep05 1235	(b)(3):10 USC §130b,(b)(6)	
			order verified 14Sep05 1235	(b)(3):10 USC §130b,(b)(6)	
21 SEP 05			Zantac 150mg ☕ tab BID x 30 days		
			Celace (Bisacodyl) 5mg ☕ tab 1x daily x 3 days	(b)(3):10 USC §130b,(b)(6)	
			Bmethasone 30mg ☕ tab TID x 3 days		
			Continue soft diet x 2 wks		
			Ensure ☕ TID x 3 days	(b)(3):10 USC §130b,(b)(6)	
			Noted 21Sep05 0955	(b)(3):10 USC §130b,(b)(6)	
			order verified 21Sep05 0955		
9/30/05			Change med. dispensing times to Random Schedule Diet from	(b)(3):10 USC §130b,(b)(6)	
			Noted 9/30/05 0932	(b)(3):10 USC §130b,(b)(6)	
			Verified 9/30/05 1425		

(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.

093

508-111

NSN 7540-00-634-4133

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
01 Jun 05 0930			DC Naproxen	(b)(3):10 USC §130b,(b)(6)	
01 Jun 05 1945			Ambien 10mg QHS	(b)(3):10 USC §130b,(b)(6)	
			ERROR VERIFIED	(b)(3):10 USC §130b,(b)(6)	
1 Jun 05			Clinic visit for knee pain	(b)(3):10 USC §130b,(b)(6)	6/23/05
6/19/05			Voltaren 1% gel Apply to knee QID verified	(b)(3):10 USC §130b,(b)(6)	
6 Aug 05			Feldene 20mg QD x 7 mos	(b)(3):10 USC §130b,(b)(6)	
Noted			(b)(3):10 USC §130b,(b)(6)	10/6 8/16/05	
			Verified	(b)(3):10 USC §130b,(b)(6)	8/6/05 @1330
2 Sept 2005			Appt next week in clinic for foot pain, allergy, knee pain	(b)(3):10 USC §130b,(b)(6)	9/10/05
Verified			(b)(3):10 USC §130b,(b)(6)	050 1451 9/30/05 033	(b)(3):10 USC §130b,(b)(6)
4 Oct 05	D/C			(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
DBQ'd					

(Reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give Name-last, first, middle; grade,* | REGISTER NO. | WARD NO.

(b)(3):10 USC §130b,(b)(6)

Prescribed by DSA/DSM, 5 FAM 41 CFR 101-11.4 202-1

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE
10 OCT 03 0800		①	Ceftriaxone 1gm IM STAT	(b)(3):10 USC §130b,(b)(6)
10/12/03 @ 0955 orders noted				(b)(3):10 USC §130b,(b)(6)
10/13/03 @ 1300 orders verified				(b)(3):10 USC §130b,(b)(6)
1 Jan 04		①	UA + cult - done 1/1/04	(b)(3):10 USC §130b,(b)(6)
			(b)(3):10 USC §130b,(b)(6) 1/6/04	
— VM Red Yellow Green —				
31/Aug/04			UA For ASD Pt. Hyperlipidemia Symptoms if Pt Pee Pos Begin rx For Emp	(b)(3):10 USC §130b,(b)(6)
1456				(b)(3):10 USC §130b,(b)(6) (b)(3):10 USC §130b,(b)(6)
5/13/04@ 2212			24 hour review	(b)(3):10 USC §130b,(b)(6)
04/05/05			SCHEDULE APPT in clinic	(b)(3):10 USC §130b,(b)(6)
4/10@ 1105			Notified Patient of	
4/10@			24 hour Chart Verification	(b)(3):10 USC §130b,(b)(6)

DJTF8800693

STANDARD FORM 508 (Rev. 5-87) BACK

GTMO JMG 10

508-111

NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
11 FEB 05		①	HC 1% cream AAA TID #1 RFQ ET HANG.		(b)(3):10 USC §130b,(b)(6)
		②	FLU APPT XRAY NEXT WEEK RHD	(b)(3):10 USC §130b,(b)(6)	
			noted 2/11/05 1830.		
11 FEB 2005		1843	– verified	(b)(3):10 USC §130b,(b)(6)	
14 FEB 05		①	Pls Δ HC 1% to pain-	(b)(3):10 USC §130b,(b)(6)	
			noted 2/14/05 1454		
2/14/05			(b)(3):10 USC §130b,(b)(6)		
18 FEB 05		①	NUMBING LA TAB BID #14 RFQ		(b)(3):10 USC §130b,(b)(6)
		②	TESSALON Perles 100mg ☆ pain #21 RFQ.	(b)(3):10 USC §130b,(b)(6)	
			noted 2-18-05 1335 – verified		
2/19/05		①	Obtain UA		(b)(3):10 USC §130b,(b)(
1500		②	Urine preg 2/21/05 – 2/22/05.	(b)(3):10 USC §130b,(b)(6)	
P FEB 05			NDNL		
23/Feb/05			Patient Discharged		

(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.

0693

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3–94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201–9.202–1

GTMO JMG 11

NSN 7540-00-634-4121

508-111

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
20 JUN 02			① NAPROXEN 500 mg T tab PO BID x 30 days	(b)(3):10 USC §130b,(b)(6)	
			② UA TO BE COLLECTED IN AM of 6/21		
05 Jul 02	15 Jul 02	1)	DICLOXACILLIN 250 mg T PO QID x 10 DAYS	(b)(3):10 USC §130b,(b)(6)	
		2)	MOTRIN 600 mg T PO TID PRN PAIN x 10 DAYS		
		3)	DAILY WOUND CARE BY CLINIC - Iodoform 1/4"		
			LFSS Q D, TELFA, 4X4, TAPE	(b)(3):10 USC §130b,(b)(6)	
9 July 02			Orders reviewed/NME reviewed	(b)(3):10 USC §130b,(b)(6)	
10 July 02		①	UA to be [illegible]	(b)(3):10 USC §130b,(b)(6)	
		②	F/U 11 July	(b)(3):10 USC §130b,	
11 Jul 02		②	0455 chart verified		
15 Jul 02			D/C dressings	(b)(3):10 USC §130b,(b)(6)	
1125					
13 OCT 02		①	IV: 2 Liter LR	(b)(3):10 USC §130b,(b)(6)	
			Total 10/14/02		

(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; race; hospital or medical facility)*

REGISTER NO.

WARD

DOCTOR'S OI
Medical Rec

STANDARD FORM 508 (Rev. 3-
Prescribed by GSA/ICMR, FPMR

888-00-0693

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX *(Number of previous vaccination scars)*

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	(b)(3):10 USC §130b,(b)(6)
1	7/15/02	0.5ml	(b)(3):10 USC §130b,(b)(6)	4	4/26/04	Lot#U083AA 0.5ml	
2	10/22/02	Refused		5			
3	BMFW03	0.5cc		6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION *(Mechanically Imprint, Type or Print):*

Patient's Name - last, first, middle initial; Sex; Age or Year of Birth; Relationship to Sponsor; Component/Status; Department/Service.

Sponsor's Name - last, first, middle initial; Rank/Grade; SSN or Identification Number; Organization.

SF 601-104

IMMUNIZATION RECORD
Standard Form 601 - October 1975
General Services Administration and Interagency Committee on Medical Records
FPMR 101-11.808-3

USAPPC V1.00

388-00-0693

WEIGHT REGISTER

For use of this form, see AR 190-8; the proponent agency is DCSPER.

NAME (Last, First, MI)

INTERNMENT SERIAL NUMBER

WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE
170	6/18/02	140	Jul 03	154	226 JAN 04
172	7/15/02	140	Sept 03	155	236 Dec 04
Refused	IS Arrival	146	Dec 03	172	MARCH
159	10/22/02	144	JAN 04		
152 165	Jan 03	Refused	FEB 04		
160 165	Feb 03	145	MAR 2004		
150 165	Mar 03	143.9	11 JUL 04		
145 165	APR 03	Refused	Aug 04		
148 165	MAY 03	Refused	Sep 04		
143 165	JUN 03	149	Oct 04		

DA FORM 2664-R, May 82 EDITION OF 1 JUL 63 IS OBSOLETE.

738-00-0693

GTMO JMG 14

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE: 8/30/03	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (SIGN EACH PAGE)

JTF-160, Medical Department, Guantanamo Bay, Cuba 09593

STANDARD ORDERS FOR DETAINEES:

1. If G6PD status has been documented as **not deficient**, give Primaquine 26.3 mg, 2 tabs PO qd X 14 days.

2. If G6PD status has been documented as **deficient**, give Chloroquine phosphate 500 mg 1 tab PO q week X 26 weeks.

3. Notify duty provider if patient refuses/misses 2 or more doses.

STAFF SIGNATURE: (b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION:

Typed Form in lieu of STANDARD FORM 600

Name:
SSN: 888-00- 0693
Status: DJTF00- 0693
DOB:

WEIGHT REGISTER

For use of this form, see AR 190-8; the proponent agency is PMG.

NAME (Last, first, MI)

INTERNMENT SERIAL NUMBER

WEIGHT	DATE	WEIGHT	DATE	WEIGHT	DATE
156 lbs	JAN 45				
Medical	FEB 45				
Refused	MAR 45				

DA FORM 2664-R, MAY 82 EDITION OF 1 JUL 63 IS OBSOLETE AFD V1.00

693

Standing Orders for routine sick cell complaints at Camp Delta Clinic.
The following medications may be dispensed by NC or IM Corps Staff at Camp Delta Clinic. * IMPORTANT Consult MO if detainee requires more than 4 doses in a 1 week period.

Complaints of minor aches, pains, headache:
*Tylenol (acetaminophen) 650 mg or 500mg PO q 4-6 hr PRN
Contraindications/cautions: Impaired liver or renal function, caution if G6PD deficiency.

Complaints of heartburn, indigestion.
*Mylanta (aluminum hydroxide/magnesium hydroxide)15 – 30 ml PO q 4 hr PRN

Complaints of rhinorrhea , sneezing, watery eyes, itchy rashes.
Benadryl (diphenhydramine) 25 – 50 mg PO q 6 hr PRN
Contraindications/ cautions: acute asthma, CV disease, increased IOP

Complaints of moderate pain, headache:
*Motrin (ibuprofen) 400 mg – 800 mg PO TID PRN
Contraindications/cautions: Hx of ulcers/UGI bleed, HTN, kidney disease

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Complaints of foot tinea pedis (athlete's foot), tinea cruris (jock itch)
Tinactin (tolnafate) 1% cream topical AAA BID x 2 weeks **do not repeat 2 weeks without consulting the M. O.**

Complaints of nasal congestion.
*Sudafed (pseudoephedrine) 30 -- 60 mg PO QID PRN
Contraindications/cautions: HTN, CAD, Diabetes.

Complaints of sore throat.
*Cepacol Lozenges dissolve 1 lozenge in mouth q 4- 6 hours PRN

Complaints of inflamed itchy rashes, inflamed bug bites:
Hydrocortisone Topical 1% Cream, Apply to affected area 3 times a day, X 2 weeks

---

Complaints of heartburn, acid indigestion, occasional constipation.
*Milk of Magnesia As antacid – 1 – 3 teaspoons (with water) up to 4 times/day
As laxative – 2 – 4 teaspoons (with 8oz of water)

Complaints of sore muscles/ body aches.
*Bengay (Analgesic Balm) Apply to affected area 3 times a day for 7 days.

Complaints of flaky, itchy scalp.
Selsun Shampoo, small amount to hair then rinse after 15 minutes, no more than twice per week.

MO Signatu[redacted] ff Signature [redacted]
(b)(3):10 USC §130b,(b)(6)
(b)(3):10 USC §130b,(b)(6)
DETAINEE IDENTIFICATION:
Typed Nam[redacted] LEVEL OF STANDARD USER AUTH
ISN: 888
12 Jun 2002

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each page)*
9/18/02	JTF -160, Medical Department, Guantanamo Bay, Cuba 09593

STANDARD INPROCESSING ORDERS FOR DETAINEES:

1. Mefloquine 750 mg PO now, 500 mg PO in 12 hours
2. Albendazole 400mg PO once
3. Chest X-ray: PA
4. LABS:

Hep B surface antigen/antibody	Hep A IgM
Hep C - total	G6PD
HIV	Serum (draw 2 extra red tops)
Malaria Smear and PCR	Hep B core antibody

Circle if indicated:

1. AFB Smear QAM x 3
2. Td .5ml IM once
3. Tetanus IG 250 Units IM once
4. PPD – read in 48 to 72 hours
5. Additional Orders:

UA in am – ordered

Zantac 150 mg po bid – ordered

Consults:

Needs reading glasses? Y or (N)

Optometry
General Surgery

Orthopedic Surgery

Dental

(b)(3):10 USC §130b,(b)

(b)(3):10 USC §130b,(b)

(b)(3):10 USC §130b,(b)(6)

Staff Signature:

(b)(3):10 USC §130b

Signature: _____

(Medical Officer or Independent Duty Corpsman)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)* Typed Form in lieu of STANDARD FORM 600

NAME:

SSN: 538-00-0693

STATUS:

DOB:

506-111

NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
10/29/02			Zantac 150mg PO BID x 30 days	(b)(3):10 USC §130b,(b)(6)	
10/31/02 1920			Orders verified	(b)(3):10 USC §130b,(b)(6)	
1 Nov 02 1200		(1)	Azithromycin 250 mg PO noted	(b)(3):10 USC §130b,(b)(6)	
				(b)(3):10 USC §130b,(b)(6)	
				(b)(3):10 USC §130b,(b)(6)	
13 Dec 02 2020					
16 Dec 02 1730		(1)	Azithromycin 250 mg PO noted	(b)(3):10 USC §130b,(b)(6)	
				(b)(3):10 USC §130b,(b)(6)	
12/28/02 0400				(b)(3):10 USC §130b,(b)(6)	
16 JAN 03 1246			Rosuvastatin 10mg PO qd	(b)(3):10 USC §130b,(b)(6)	
16 JAN 03 2300			Tamsulosin 0.4mg PO qd	(b)(3):10 USC §130b,(b)(6)	
			Celebrex ordered noted	(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)*

(b)(2)

(b)(2)

88-80-093

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202

GTMO JMG 19

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME		DATE	TYPE	DOSE	PHYSICIAN'S NAME
1	4/19/03	Havrix	1.0cc ~~0.5cc~~	(b)(3):10 USC §130b,(b)(6)	6				
2	4/19/03	MMR	0.5cc		6				
3	10/16/03	transcribed Havrix	1cc		7				
4					8				

SENSITIVITY TESTS *(Tuberculin, etc.)*

	DATE	TYPE	DOSE	ROUTE	RESULTS
1	7.15.02	PPD	5 TU	ID	0 mm
2	3/28/03	PPD	5TU	ID	0 MM
3	21 June 03	PPD	5TU	ID	0 mm zero
4					
5					

(b)(3):10 USC §130b,(b)(6)

REMARKS:

Twinrix
Lot# HAB238A6
exp 09/19/04
1cc IM (L) arm 10/08/03
JTF Medical

Influenza Evans Limited
Lot# 765416 exp 30Jun04
.5cc IM® arm 10/08/03
JTF Medical

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. 2.

USAFPC V1.30

GTMO JMG 20

SSN-111 NSN 7540-00-634-4131

MEDICAL RECORD — DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
10/29/02			Zantac 150mg PO BID x 30 days		
				(b)(3):10 USC §130b,(b)(6)	
10/31/02	1920		Orders verified	(b)(3):10 USC §130b,(b)(6)	
1 Nov 02		(1)	Azithromycin 250mg PO qd	(b)(3):10 USC §130b,(b)(6)	
			noted Chlamydia + / NC 1 Nov 02 2020		
			(b)(3):10 USC §130b,(b)(6)		
6 Nov 02	1730		D.C.	(b)(3):10 USC §130b,(b)(6)	
		(1)	Azithromycin 250mg PO qd x 4 DOA, USDF		
			noted	(b)(3):10 USC §130b,(b)(6)	
			12/28/02 0400	(b)(3):10 USC §130b,(b)(6)	
15 JAN 03	1244		Request by [illegible] Preserve Chart	(b)(3):10 USC §130b,(b)(6)	
			Cefixime Ordered [illegible]	(b)(3):10 USC §130b,(b)(6)	
			1530		
16 JAN 03	2300		Order noted	(b)(2)	
			88-D-0093	(b)(2)	

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical fac...)*

DOCTOR'S ORDERS
Medical Record

STANDARD FORM 508 (Rev. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

ISN: DJTF-888-0693

RECORD INACTIVATED

(DATE) 2/2/06

SIGNED: (b)(3):10 USC §130b,(b)(6)

SMO DENTAL OFFICER

GTMO JMG 22

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA **TRANSCRIBED/ DATE** (b)(3):10 USC §130b,(b)(6) **VERIFIED/ DATE** 11 Ensne **MONTH/ YEAR** June 06

*****Any refused, not in stock, or other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	6/6	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/15	6/16	6/17	6/18	6/19
TT	6/5/06		Daily weights while in transition block (until seen @ Det Clinic)	0600	165 lbs	165	3/5	(b)(3):10 USC §130b,(b)(6)										
TT	6/5/06		Daily assessments	0600	(b)(3):10 USC §130b,(b)(6)													
TT	6/5/06		Vanilla ensure 2 cans Q daily	0600 1400														

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

DATE	#		INT.	DATE	#		INT.
8 June	5	Sleep/prayer					
[illegible]	3	no scall					
10 June	1	med pass 8 returned	(b)(3):10 USC §130b,(b)(6)				

D-JTF 888-0-693

BLOCK# (b)(2)

GTMO JMG 23

Synopsis of medical response for ISN #693

- 0058: Detainee arrived in Detention Clinic by Guard staff
- Detainee unresponsive, apneic, pulse-less, nonresponsive pupils fixed and dilated, mouth clenched with apparent rigor mortis, cyanotic blue around mouth
- 0059 CPR Initiated
- Detainee noted to have cotton clothing material in mouth and upper pharynx. Removed w/ significant difficulty due to jaw rigor mortis
- Cardio Pulmonary Resuscitation re-started
- 15-liter Oxygen nonrebreather wit Ambu-Bag
- 18 g I.V. started in left AC with Normal Saline
- 0103 AED pads attached determined to be in non shockable rhythm
- Cardio Pulmonary Resuscitation restarted
- 0105: Detainee given 1 mg Atropine IVP
- Detainee continued to have no respirations and no pulse without CPR
- CPR continued
- Attempts at endotracheal intubation failed secondary to significant suspected rigor mortis in mandible. Several teeth broken in attempts to open mandible
- Respirations w/ Ambu-bag restarted with CPR
- Apnea, pulselessness, unresponsiveness reconfirmed w/ obvious rigor mortis. Obvious cyanosis noted
- 0115: Detainee pronounced dead by (b)(3) -10 and SMO at GTMO JDG Delta Clinic

NARRATIVE SUMMARY

10 June 2006

Number: 888-00-0693
DOB: 1979
Language: Arabic
In process date: 18 June 2002

Allergies: No known drug allergies

Past Medical History: History of nephrolithiasis and urinary tract infections
History of peptic ulcer disease
Hunger striking 7/02, 7/05, 8/05, 9/05, 10/05, 12/05
Hunger striker – enterally fed from 12/05 until 6/06
Chronic knee pain
Chronic testicular pain – Varicocele
Old 5th metacarpal fracture stable

Past Surgical History: Right Mandibular abscess/cyst incision and drainage in July 2002.

In-Process Medical History: He arrived at Guantanamo Bay in good health. He had a 2cm scar in left frontal, multiple scars on scalp, superficial abrasion on left pinna and right cheek. He was found to have tenderness epigastrically on entrance physical exam. He complained about chronic testicular pain and dysuria on entrance history. His weight was 172 pounds with a BMI of 27.

Detention Medical History: He had access to medical care on a daily basis. In July 2002, he was treated for right mandibular abscess/cyst and required incision and drainage with multiple dressing changes. He was treated for a left otitis media in July 2003. He had a contact dermatitis in February 2005 that resolved with hydrocortisone and benadryl. He has complained about chronic testicular pain and was found to have a varicocele in February 2005 and was given scrotal support for comfort reasons. He complained of chronic knee pain and treated appropriately with anti-inflammatory pain medications and exercises. He has been a repeated hunger striker during 2005. In December 2005, he was worked up extensively for significant weight loss. After complete work up was negative, detainee admitted to being a covert hunger striker. He had been seen for inflammation of his nasal turbinates due to prolonged enteral feeding while on hunger strike. Evaluated by otolarygologist in April 2006 for this issue and resolved with some topical antibiotics. Detainee was a prolonged hunger striker who was enterally fed for 5 months. He was 113.5% of IBW with a weight of 165lbs prior to ending his hunger strike and was returned to the regular blocks. Detainee brought to clinic on night of June 11th after committing suicide by likely asphyxiation from

obstructing his airway. Detainee declared dead at 0115 after a significant attempt to resuscitate.

Detention Psychiatric History: No known psychiatric history.

Detention Inpatient History: Admitted to detention hospital for weight loss work up in December 2005 and later enterally fed in the hospital before moving to the feeding blocks.

Detention Surgical History: In July 2002, he had incision and drainage of right mandibular abscess/cyst.

Dental History: He had access to routine dental care while in custody and in May 2004 and May 2006 for a routine exam and cleaning.

Eye Exam: He had access to routine eye exams.

Current Health: He is currently in good health on most recent exam with a BMI of 26.

Medications: None

Immunizations: PPD negative; MMR 4/03; Hep A/Hep B (TWINRIX) completed 10/03; Influenza 10/03; completed DpT/Tetanus 4/04. Hepatitis A, Hepatitis B, Hepatitis C and HIV screens were negative. He is not G6PD deficient.

Physical Examination: Deferred

Radiographic Studies: Not applicable.

Senior Medical Officer
Detention Hospital
Guantanamo Bay, Cuba

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
16 JUN 06	HM NOTE: DET WEIGHED 145lbs C. BP 122/74 P 101 R 18 DET DENIED PAIN. A&O x3.
	(b)(3):10 USC §130b,(b)(6)
bm 24 jmw 16.5	

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

093

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 14-May-06

ISN: 888-00-0693

Time: 1701

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT: Detainee with a smile stated, "I'm good. I'm not crazy. They know me no crazy." Detainee limited his interaction with me, spoke with the guard briefly and he said he don't want to talk anymore to BHS.

Objective:

Visited feeding block with without interpreter. Detainee was seen seated inside his segregation cell. Detainee appeared well nourished with energy as he uttered with normal tone of voice his comments. Detainee wore a black support brace on his right ankle. According to the nutritionist flow chart, there's no detainee current weight for May. His last weight dated 6 April was 150.8 pounds and his height is 66.5 inches. His in processing weight was 149 pounds in Jan 2002 (Average weight = 134). Detainee did not appear to be in any physical or mental distress at this time. SIB noted or observed. Internal or external stimuli was noted or observed.

Mental Status Exam:

Appearance:	neat/clean	Mood:	mellow
Distinguishing Features:	none noted	Affect:	congruent
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech:	normal English	Thought Process:	goal directed
Eye Contact:	good	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	average
Memory:	intact	Insight/Judgment:	good

Level Status: Level III

Self-Injurious Behavior: Detainee denied or none noted

Assessment:

Dx: No Diagnosis on Axis I, Antisocial and Borderline Traits

It appeared detainee did not appear to be in any mental or physical distress at this time. Although detainee have his reason for being involuntarily feed since January, it appeared detainee will continue to be on hunger striker until he's release to his home country. He does not seem to have any concerning depressive symptoms or evidence of thought disorder. The detainee's food refusal coincides with multiple other food refusals who were or are demanding release and or for medical reasons.

Plan:

Continue to rule out symptoms or evidence of thought/mood disorder in 7 days providing detainee will talk.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO Cuba

SEX: Male

DOB:

1UV 888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 8-94)

GTMO JMG 28

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

1UV

888-00-0693

DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

GTMO JMG 29

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 02-May-06

ISN: 898-00-0693

Time: 1040

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Food Refusal: Attempted to speak with detainee via Arabic interpreter. Detainee stated "I am good everything is good. Are you from Psych, oh no, I have nothing to say. I know your questions and you know my answers. Have a good day." When questioned about SI/HI/AVH Detainee stated "No, No, good bye, I do not want to talk." Detainee refused to answer any questions in regards to somatic complaints or sleeping and eating.

Objective:

Upon approach to cell detainee was standing at the bean hole speaking with block guard. Detainee's rate, tone, and rhythm of speech were all within normal limits per Interpreter. Detainee appeared to be well nourished and within grooming standards. Detainee was not cooperative with interview when he discovered that this technician was from BHU. According to the nutritionist flow chart, detainee current weight is 154 pounds (gained 4 pounds since his last weight on 08APR06) Cognition appeared to be intact. No SIB was observed or noted from block guards. Detainee did not appear to be experiencing any internal or external stimuli.

Mental Status Exam:

Appearance:	neat/clean	Mood:	euthymic
Distinguishing Features:	none noted	Affect:	constricted
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech:	normal Arabic per interpreter	Thought Process:	coherent
Eye Contact:	good	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	distracted
Motor Skills:	within normal limits	Intelligence:	average
Memory:	intact	Insight/Judgment:	adequate

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Detainee does not want to interact with BHU. This is the first interaction with this Detainee by this Technician. According to previous SF600 Detainee has history of refusing to speak with the BHU. He does not seem to have any concerning depressive symptoms or evidence of thought disorder.

Plan:

Continue with treatment plan.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recomme (b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOS:

15V 898-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 25-Apr-06

Time: 1307

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Food Refusal: Attempted to speak with detainee via Arabic interpreter. Detainee stated "I am good everything is good. I do not want to talk to you." Detainee denied any SI/HI/AVH.

Objective:

Upon approach to cell detainee was standing at the bean hole. Detainee's rate, tone, and rhythm of speech were all within normal limits.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: euthymic
Affect: congruent
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: impaired

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

Food Refusal: Detainee does not want to talk to BHU.

Plan:

Continue with current treatment plan.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1SV

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 18-Apr-06

ISN: 888-00-0693

Time: 1909

Cell#: (b)(2)

Languags: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech met with the Det on block today. Det states "I do not want to talk to you." Det was informed to contact BHU if he has SI/HI ideations or A/V hallucinations.

Objective:

Det was sitting in cell when this tech approached. Det stood momentarily to wave tech away. Det spoke in a normal rate, rhythm and tone.

Mental Status Exam:

Appearance:	neat/clean	Mood:	unable to assess
Distinguishing Features:	none noted	Affect:	unable to assess
Alert/Orientation:	alert	Thought Content:	unable to assess
Speech:	normal Arabic	Thought Process:	unable to assess
Eye Contact:	poor	Thought Perception:	unable to assess
Communication:	normal	Attention/Concentration:	unable to assess
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor

Level Status: Level III

Self-Injurious Behavior: Detainee denied or none noted

Assessment:

FOOD REFUSAL: Det does not want to interact with BHU. Det is normal self. Det has a history of refusing to speak to BHU.

Plan:

Continue with food refusal precautions.

- ☑ F/U is scheduled for every week
- ☐ Initiate or maintain precautions for
- ☐ Recommend medication evaluation
- ☑ Encourage fluid intake and eating
- ☐ Discuss case at next treatment team
- ☐ Referral to (b)(3):10 USC §130b,(b)(6)
- ☐ Recommer

DETAINEE IDENTIFICATION (fingerprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

18V	888-00-0693	DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 898-00-0693

Cell#: (b)(2)

Date: 19-Apr-06

Time: 1757

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak to Det via Arabic interpreter. Det states "I don't want to talk to you." Det was encouraged to contact BHU should he experience S/HI ideations or A/V hallucinations.

Objective:

Det was standing in cell when this tech approached. Det spoke in a normal rate, rhythm and tone.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: normal Arabic

Eye Contact: good

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: poor

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not want to speak with BHU.

Plan:

Continue with treatment plan.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend (b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1SV 898-00-0693

SF 600 (REV 5-84)

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 01-Apr-06

ISN: 888-00-0693

Time: 0852

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Detainee refused to talk to BHS tech, unable to complete assessment.

Objective:

Detainee was strapped in feeding chair with mask covering his mouth. He indicated by shaking his head that he did not want to talk to BHS. He was appropriately dressed in orange shirt and long pants. There were no other self-injurious behavior noted.

Mental Status Exam:

Appearance: dissheveled
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: unable to assess
Eye Contact: poor
Communication: unable to assess
Motor Skills: unable to assess
Memory: unable to assess

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: limited understanding choices impacted on situations

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

Axis I: Defer
Axis II: Defer
Axis III: Defer to medical record

Plan:

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Inscribe)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1SV | 888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

4/1/06

ENT Add

Fungal skin C/O New

Pain x Two,

PO - Motrin - Dr.

Started Amoxil Tues 4/6

MEDS
Aciphex 20mg QD
Pyridium BID
Sudafed 60mg Tab
X1 month

If no walk Tuesday

If DC Call Ops

Schedule to take Motrin PO

BID pain

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

695

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693
Cell#: (b)(2)

Date: 25-Mar-06
Time: 1817

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:
FOOD REFUSAL. This tech attempted to speak to the Det via Arabic interpreter. Det states, "I do not want to speak to you." Det was encouraged to contact BHU should he experience SI/HI ideations or A/V hallucinations.

Objective:
Det stood during assessment. Det spoke in a normal rate, rhythm and tone. MA's claim that the Det does not cause problems on the block.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: normal Arabic
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:
FOOD REFUSAL: Det does not wish to speak to BHU.

Plan:
Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommen (b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

		SEX: Male
1SV	888-00-0693	DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 18-Mar-06

Time: 1826

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL. Det states that he does not wish to speak with BHU. Det was encouraged to contact BHU should he have SI/HI ideations or A/V hallucinations.

Objective:

Det was laying in bed when this tech approached. Det did not look at tech when he stated that he did not want to engage with BHU.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: normal Arabic

Eye Contact: poor

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: poor

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not wish to interact with BHU

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case (b)(3):10 USC §130b,(b)(6)

☐ Referral to ps

☐ Recommend

DETAINEE IDENTIFICATION (Imprint)

0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

15V

888-00-0693

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 688-00-0693

Cell#: (b)(2)

Date: 10-Mar-06

Time: 1936

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

This tech attempted to speak to Det via Arabic interpreter. Det states that he does not want to talk to BHU about "stupid" questions. Det was encouraged to contact BHU should he experience SI/HI ideations or A/V hallucinations.

Objective:

Det stood in cell. Det spoke in a normal rate rhythm and tone. Det was curt with his remark.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: normal Arabic

Eye Contact: good

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: poor

Level Status: Level II

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL. Det does not wish to interact with BHU.

Plan:

continue with BHU.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend d(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

ISN

688-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693
Cell#: (b)(2)

Date: 03-Mar-06
Time: 1145

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Tech attempted to conduct an assessment with detainee, via an arabic interpreter. Detainee stated, in arabic, "you know I don't want to speak with you, leave me alone". Detainee refused to answer any questions regarding suicidal or homicidal ideations. He did not voice any somatic complaints. Assessment was unsuccessful.

Objective:

Upon arrival, detainee was seen sitting in a chair in his cell. He was being observed by the guards after a feeding session. Detainee did not look to be in any distress.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: scars
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: fair
Communication: inappropriate
Motor Skills: within normal limits
Memory: intact

Mood: irritable
Affect: constricted
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: distracted
Intelligence: average
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

Food refusal.

Detainee did not respond to questions about food refusal. He was uncooperative with tech and arabic interpreter. Tech encouraged detainee to stay nourished and drink water on a daily basis.

Plan:

Continual food refusal precautions

☑ F/U is scheduled for once a month
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend c

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

15V

888-00-0693

DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

24FEB10 Interpreter Provided
T - 97.8
BP - 115/77
P - 65
WT - 140 lbs

Detainee here for FU. Pt reports discomfort in nose. + headaches. States. that he may has a lot of mucus drainage Since Tx (Claritin / Flonase / normal saline Started. C/O no new complaints.

O/ Sitting up on exam table in NAD
VS noted

HEAD: NCAT (+)TTP frontal + maxillary sinus
EYES: (-) injected conjunctiva, (-) icteric sclera
NOSE: (+) edema ↓ inflammation + erythema of nasal turbinates R>L
EARS: TMs clear (B)
NECK: (+)ND lymphadenopathy (-) thyromegaly
CHEST: mucus membranes moist (+) erythema (-) exudates.

MEDS
Flonase 2puffs BID
Saline mist 5-10 gtts BIDS
Claritin 10mg QD
Beans of 2 wk
I can boost BIDS
Qb wt / 's

A/P Nasal congestion → inflammed nasal turbinates, Allergic rhinitis + hesitancy ↓ ability to give enteral feed
- improving c current tx
- will add Sudafed
- Con't Claritin
- Con't flonase
- Con't normal saline
- will start to feed Saturday or Sunday
- Advised the detainee that it would be better to eat to ↓ risk of recurrence of SX; however, detainee stated that he will not eat

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (REV. 1-91)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 23-Feb-06

Time: 1758

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Tech attempted to conduct a psychiatric assessment with detainee. Detainee spoke in english, and stated, "If you are psych, go away". "I won't talk to you". He did not answer any questions in regards to hurting himself or others. He did not voice any suicidal ideations. Psychiatric assessment was unsuccessful.

Objective:

Upon arrival, detainee was in his cell, lying on his rack. He did not get up when tech approach the cell, however, did display good eye contact. Detainee did not appear to be in any distress.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: scars

Alert/Orientation: alert

Speech: broken English

Eye Contact: good

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: mellow

Affect: flat

Thought Content: within normal limits

Thought Process: coherent

Thought Perception: within normal limits

Attention/Concentration: within normal limits

Intelligence: average

Insight/Judgment: poor

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

Food refusal.

Detainee was not cooperative with tech during assessment. He was not a management problem and polite denied to answer any questions from tech. Tech encouraged detainee to stay nourished and eat a balanced meal, 3 times a day.

Plan:

Continual food refusal assessment precautions.

☑ F/U is scheduled for once a month

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Implant)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

1SV

888-00-0693

DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-94)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

2/EB/06
W 150.6
P 97
O2 97
T 97.9
BP 123/78

Detainee evaluated on the block on Friday. At that time C/O nasal congestion. Detainee informed concerning mistakenly to tube used for enteral feeds. Detainee informed that enteral feeds would cease once he starts to eat by mouth. Rx for normal saline given. Despite this, Dt can't to C/O congestion. Yesterday the nurse was unable to pass tube through nose for feeding. Detainee fed via oral gastric Pharyngeal tube. Here this afternoon for further evaluation. ⊕ ~~post~~ nasal drainage ⊕ intermittent congestion ⊕ sore throat ⊕ intermittent headaches ⊕ scant blood noted on ~~tissues~~ from the nose.

O) Sitting up on exam table in NAD.
Head: NCAT ⊕ TTP ~~Frontal~~ sinuses ⊖ TTP maxillary
Sinuses
Neck: ⊖ LAD ⊖ adenopathy ⊖ thyromegaly
Nose: ⊕ inflammed / enlarged turbinates (L>R)
Pharynx: mucous membranes moist ⊖ erythema / exudates noted.

AP Suspect Inflammation of turbinates as well as other Sx noted above due to allergic rhinitis and enteral feeding (tube placed for enteral feeding)
- Con't claritin
- Con't normal saline
- Rx Claritin 10mg QD Daily
- AVOID PLACEMENT OF NASOpharyngeal tube for the next 5 days
- Re-evaluate on FU/PRN

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

(b)(3):10 USC §130b,(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (REVISED)

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 16-Feb-06

ISN: 888-00-0693

Time: 1054

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT- Met with detainee who waived this interviewer away and reported he does not wish to speak to BHS. Informed detainee that BHS would continue to follow up with him as scheduled by BHS providers. Detianee voiced understanding, then proceeded to ignore this interviewer.

Objective:

Well developed, thin male in no acute distress. Detianee is alert, oreinted x 3, uncooperative, and shows no gross mental status changes. Detainee appears ydrated. Detainee appears to be tolerating enteric feedings without difficulty. Detainee speech is of normal R/R/T and quantity. Detainee does not appear to be reacting to any internal stimuli at this time.

Mental Status Exam:

Appearance:	dissheveled	Mood:	Dysthymic
Distinguishing Features:	none noted	Affect:	congruent
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech:	broken English	Thought Process:	goal directed
Eye Contact:	little to none	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor

Level Status: Level III

Self-injurious Behavior: Food Refusal

Assessment:

DX: FOOD REFUSAL
Detainee does not appear interested in speaking with BHS. Detainee presents as somewhat cooperative with staff. Detainee has eaten meals and refused meals at different times.

Plan:

Continue to monitor and encourage fluid and food intake. Detainee follow up in 7 days or as directed by BHS providers.

- ☑ F/U is scheduled for every week
- ☐ Initiate or maintain precautions for
- ☐ Recommend medication evaluation
- ☑ Encourage fluid intake and eating
- ☐ Discuss case at next treatment team
- ☐ Referral to psychologist for complete evaluation
- ☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

ISN 888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
Meds	
Regular rations	
Ident Band	
Soft feeding	
Ensure Boost + Am	
Ensure ½ can,	
Boost ⓔ,	
(b)(3):10 USC	

DETAINEE'S IDENTIFICATION NUMBER:

0693

ISN: 888-00-0693

Date: 08-Feb-06

Time: 1317

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak with detainee on (b)(2) today. He was laying on his rack when we approached his cell. Detainee told the interpreter "I don't want to talk". He was encouraged to contact BHS should he experience SI/HI ideations or A/V hallucinations.

Objective:

Detainee was uncooperative and did not interact or speak to BHS tech. The block guards reported that the detainee is still refusing to eat.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: unable to assess

Eye Contact: poor

Communication: unable to assess

Motor Skills: within normal limits

Memory: unable to assess

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: unable to assess

Level Status: Level II

Self-Injurious Behavior: Food Refusal

Assessment:

Dx: Food Refusal

Plan:

Continue with food refusal precautions

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

ISN

888-00-0693

DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 02-Feb-06

Time: 1631

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak with the Det on (b)(2) today. Det refused to speak with this tech. Det was encouraged to contact BHS should he experience SI/HI ideations or A/V hallucinations.

Objective:

Detainee seen on (b)(2) Detainee was uncooperative with interaction and would not speak or look at BHS tech. Block MA's report detainee still refuses to eat and has been uncooperative while on block.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: little to none
Communication: unable to assess
Motor Skills: Unable to assess
Memory: unable to assess

Mood: unable to assess
Affect: angry
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: unable to assess

Level Status: Level IV
Self-Injurious Behavior: Food Refusal

Assessment:

Food Refusal.

Detainee refused to interact with BHS tech.

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

1UV | 888-00-0693 | DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-94)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 28-Jan-06

ISN: 888-00-0693

Time: 1745

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak with the Det on (b)(2) today. Det refused to speak with this tech. Det was encouraged to contact BHS should he experience SI/HI ideations or A/V hallucinations.

Objective:

Det was laying in bed when this tech approached. Det stood when first confronted by this tech.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: normal Arabic

Eye Contact: good

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: unable to assess

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not want to interact with BHS.

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referra

☐ Recomm

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

1SV | 888-00-0693 | DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693
Cell#: (b)(2)

Date: 19-Jan-06
Time: 1444

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT: Psych tech attempted to conduct interview with the detainee. The detainee stated, " I don't want to talk to you," and waved his hand to go away. The detainee was offered and refused behavioral health services. Unable to assess SI,HI and A/VH due to the detainee refusing to talk to the Psych tech.

Objective:

Per DIMS the detainee has missed 35 meals, but has intake of fluids at breakfast time prior to interview today. Per block NCO the detainee has not caused any disciplinary problems prior to interview. Upon approach the detainee was sleeping and was woken up by block guard for interview. Upon seeing the Psych tech the detainee then refused to talk to Psych tech. The detainee appeared thin but was in no medical/emotional distress at the time of the interview. The detainee maintained little to no eye contact during the interview. The detainee spoke at normal rate, rhythm and tone and showed no aggressive behavior during the interview. The detainee did not respond to internal/external stimuli during the interview. No SIB noted other than food refusal.

Mental Status Exam:

Appearance:	neat/clean	Mood:	dysphoric
Distinguishing Features:	none noted	Affect:	congruent
Alert/Orientation:	alert	Thought Content:	unable to assess
Speech:	ranging via interpreter	Thought Process:	unable to assess
Eye Contact:	little to none	Thought Perception:	unable to assess
Communication:	inappropriate	Attention/Concentration:	unable to assess
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	unable to assess	Insight/Judgment:	poor

Level Status: Level III
Self-injurious Behavior: Food Refusal

Assessment:

DX: FOOD REFUSAL ASSESSMENT, NO DIAGNOSIS

The detainee was uncooperative and showed no interest in receiving behavioral health services.

Plan:

Continue to follow up in seven days or when requested

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1SV | 888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-84)

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
	Behavioral Health Services

DETAINEE IDENTIFICATION (Inverted)	RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba	SEX: Male
0693	1SV 988-00-0693	DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

DF 600 (REV 6-94)

GTMO JMG 49

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

(b)(2)

ISN: 688-00-0693

Cell#: (b)(2)

Date: 06-Jan-06

Time: 1943

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:
FOOD REFUSAL: This tech attempted to speak to Det via Arabic interpreter. Det refused to speak to this tech.

Objective:
Det was laying in bed with a tube in right nostril.

Mental Status Exam:

Appearance: dissheveled
Distinguishing Features: none noted
Alert/Orientation: unable to assess
Speech: unable to assess
Eye Contact: poor
Communication: unable to assess
Motor Skills: unable to assess
Memory: intact

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:
FOOD REFUSAL: Det does not want to interact with BHS.

Plan:
Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Refe
☐ Reco

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Internal)

0693

027

CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORDS MAINTAINED AT Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1SV | 688-00-0693

SF 600 (REV 5-84)

PHYSICAL THERAPY RE-ASSESSMENT PROGRESS NOTE

24 JAN 06
1455

wt# 158
BP: 120/77
P: 97
R 24

Subjective:
Patient was seen in the outpatient detention clinic for re-evaluation. He was detainee hunger striker who was originally seen on the inpatient hospital ward for PT services. He is currently on (b)(2) over the past 1-2 weeks. Patient states vague bilateral knee pain.

Objective:
OBSERVATION: Patient was seen in his cell with no restraints on with a guard and interpreter present. No gross deformities noted however noted some B UE/LE atrophy. Patient is at no risk for a fall
AROM: B UE/LE grossly WFL
GMT: B LE grossly WNL
SPECIAL TESTS: Negative Lachman's Anterior Drawer or McMurray's tests
PALPATION: non focal pain along entire knee area
NEURO SCREEN: bilateral 2+/4 L4, S1
PT INTERVENTION: instruction of HEP

Assessment:
1. Diffuse right greater than left knee pain. No evidence of any fractures or internal derangement or recent MOI since the initial PT evaluation.
2. Patient does not need any brace or supportive device at this time.
3. Patient may benefit with outpatient physical therapy if he is relocated out of (b)(2) PT services would not be indicated at OSCAR block due to main emphasis at OSCAR is for feeding.

Plan:
1. Encourage patient to be active during scheduled activity time.
2. If patient has any other musculoskeletal concerns and is relocated out of (b)(2) patient's PCM could re-consult PT in the outpatient clinic for services.

(b)(3):10 USC §130b,(b)(6)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 23-Dec-05

Time: 1233

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT: Psych tech attempted to conduct interview with the detainee. The detainee stated, " Who are you?" After Psych tech was introduced the detainee stated, " I don't want to talk to you." The detainee was offered services and the detainee stated, " I told you I don't want to talk to you." The detainee refused to continue with the interview. The detainee was told by Psych tech that BHS will be back next week for reassessment. The detainee did not respond. Unable to assess SI/HI and A/VH due to detainee refusing to talk with Psych tech.

Objective:

Per block NCO the detainee has not caused any problems today. The detainee was in a seg room. Upon approach detainee was on his rack with no restraints. The detainee had a feeding tube inserted into his nose and an IV was inserted in his arm. The detainee was sitting up on his rack and appeared to be in no emotional distress at the time of the interview. The detainee maintained good eye contact and spoke at normal rate, rhythm and tone. The detainee showed no aggressive behaviors towards Psych tech and interpreter. The detainee did not respond to any internal/external stimuli during the interview. Upon termination of the interview, the physicians arrived and observed part of the interview. No SIB noted other than food refusal.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: good
Communication: inappropriate
Motor Skills: within normal limits
Memory: intact

Mood: dysphoric
Affect: congruent
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: within normal limits
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

DX : FOOD REFUSAL ASSESSMENT, NO DIAGNOSIS

The detainee was uncooperative and showed little to no interest in receiving services from behavioral health.

Plan:

Follow up in seven days or when requested

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

ISN 888-00-0693

SEX: Male

DOB

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Behavioral Health Services

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1SV

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-84)

GTMO JMG 53

1-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0000	HM NOTE - DET TO CLINIC FOR HUNGER STRIKE
@ 1610	WORK OUT. VSS. LABS DRAWN. IV STARTED
WGT 123lb	= 18g IV CATHENACL BOLUS. IN (L) ARM
BP = 124/83	
P = 83	NO NOTE/
R = 24	ADMISSION to Legal to work up weight loss
T 98.8 ORAL	See H&P for detail
SPO2 = 97%	
BS = 108	

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

GAB

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ROUTINE ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12/20/05			MO OR NURSE to evaluate upon arrival at clinic	(b)(3):10 USC §130b,(b)(6)	
			Repeat Vital Signs and Glucose upon arrival at clinic		
B/P 135/103			THIAMINE 100MG IV (BEFORE ADMINISTERING GLUCOSE IF NEEDED) — done		done @1600
P 99			Give oral glucose if <60, then repeat fingerstick glucose		
O2 96			LABS: Chem 7, Mg, Ca, Albumin, Phos, CBC — done		
R 28			IV NS 1 Liter bolus, then repeat 1 Liter over 30-60 MINS done		
B.S. 55			Recheck VS after second IV bolus		
BP 105/60			MO OR NURSE to evaluate		
P 55			If pulse >100, Give 3rd Liter over 30-60 Mins		
O2 100			Recheck VS after third IV bolus		
R			If VS are stable and can ambulate without assistance, return detainee to block		
T			If VS or Mental Status continue to be unstable, contact MO for possible admission to DH		
WT 129.5					
			@1540: 20G started in (L) FA		
			@1550: 1 amp Ds pushed as per MD v/o.		
			VITAL SIGN GUIDELINES		
			STABLE: Pulse: 60-100		
			Resp: 12-20		
			Glucose >70 or <200		
			Mental Status: Alert/Responding		
			UNSTABLE: Pulse: <50 - >100		
			Resp: >16		
			Glucose: <70		
			Mental Status: Unresponsive		

(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.

093

Hct 39 | Wbc 20 | Hgb 13.1 (41)

2.0 / 202 / 48

Ca 9.4 PT 14
Mg 2.0 ALT 29
Phos 3.4 TBil 1.4
Alb 4.1

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-6.202-1

MEDICAL RECORD | PROGRESS NOTES

AUTHORIZED FOR LOCAL REPRODUCTION

DATE | NOTES

12/20/05 MO Note/

Detainee brought to clinic for sick parade

detainee claims at to be huge stinkpot

acting like Huge Nuke Hong Cod who was in

clinic. Pt observed entering and exiting of

clinic. Pt was escorted detainee will

not allow labs, ad IV fluids easily. Smiling when

I asked him if huge stinking will not admit to

Huge stinky to interpret a myself

135/103

VS P 99 R 20 ER 25 95% 99% O_2 → AFTER 2L Flow

Gen: NAD T 98.0 P 55 BP 105/67

Neuro: WNL ER 14

CV: RRR nl S1S2 Pain to palpate ↓ left side ↓ chest

Lung: CTA

Abd: hg epigastric pain on palpation, (+) BS

Ext: ↓ C/C/E

A/P:

① Huge Nuke - likely read huge stinkpot attempt count

admit ↓ it. Will give IV fluids, labs, notes ↓ clinic.

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST, MI) | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION. (For typed or written entries, give: Name - last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade)

REGISTER NO | WARD NO.

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (Rev. 9-69)
Prescribed by GSA/ICSR FPMR (41 CFR) 101-11.203(b)(10)

PRINTED ON RECYCLED PAPER

509-134

GTMO JMG 56

DATE

NOTES

Well kept - working to finish weight loss and stay there

Work to obtain weight

(2) Very fair - Normal but not efficient per diet

(3) Energetic fair - 2nd HS

(4) Excellent - Live to HS - give Long DSO

(b)(3):10 USC §130b,(b)(6)

RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

NOTES

2/12/05 NURSING NOTE: CURRENT MED PROFILE
SUPPORT ZOng I TAB TID
ASPHEX ZOng DAILY
RETURN TEAM: BID

(b)(3):10 USC §130b,(b)(6)

NO MAIL

12/DEC/05 Returned here for follow up. Pt not receiving any
@ 0750 tactile pain at this time. Pt returned w/ this sheet
wgt=126 for med to complete. Pt muffled out loss of detail
T=98.7 oral but understood simple instructions
P=63 Vitals x all 3 stacked pts completed. No stalling
BP= 122/85 5 days. Pain epigastric upon eating. Tolerating diet
R=16 No nausea / vomiting. Pt eating at least 1 meal stable
[redacted] since Sept 2005 (131 lbs). No epigastric pain x 1 month.
LSS
Gen: NAD
Neck: WNL
Ch: RRR no MSIS
Lungs: CTA
Abd: Rnde hyperactive epigastrically
Ext: WNL

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME — LAST | FIRST | MI

SPONSOR'S ID NUMBER (SSN or Other)

DEPARTMENT/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; ID No or SSN, Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 3-89)
Prescribed by GSA/IOMB FPMR (41 CFR) 101-11.203(b)(10)

PRINTED ON RECYCLED PAPER

5/8 - 14

GTMO JMG 58

DATE

NOTES

A/P

① Wt loss - stable (usually eating WNL low likely for
persons HS especially - most recently in Dec

② ⓛ ear muffs. Will begin bleeding of scalp and
return if clinic in 2-3 weeks

③ Epigastric pain - ↑ antacids 2wks period. Will start on
Levsin 10 mg + GI diet. Follow up in 3 weeks

④ ↓ H. pylori

⑤ Tinidazole pain for longer - No issue

⑥ Knee pain - ↓ PT list

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 509 (REV. 5-99) BACK

GTMO JMG 59

NSN 7540-00-634-4176

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
30 Nov 05	Det came c c/o medic wk ache sht tkd Ue
1 Dec 05	Zantac is NA today Recm'd to stop Zantac and start Ranitidine 150 BID
	(b)(3):10 USC
	LNavos PA Note – will D/C Zantac and Start Ranitidine 150mg daily
5 Dec 05	(b)(3):10 USC §130b,(b)(6)
	Det seen today @ sick call. Det states Pain in (b)(3):10 USC eyes. Det stated that pain started when it got cold. Was suggested eye Drops.
	(b)(3):10 USC §130b,(b)(6)
	(b)(3):10 USC §130b,(b)(6)
5 Dec 05	Med note/ provide updates
	(b)(3):10 USC §130b,(b)(6)
	CHRONOS HM NOTE: Det stopped corpsman during med pass for ear pain. When HM looked into det ear ⊕ heavy wax ⊕ redness. HM barely visable. HM recommends det. come to clinic for ear irrigation.
	(b)(3):10 USC §130b,(b)(6)
	PA note – will bring into clinic for ear irrigation
	(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.

693

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

1/26/05 Dx is not receiving Rx. Hosp Pharmacy
Rm contacted pharmacy (b)(3):10 USC §130b,(b)(6)
Notes there is no Rx.

10/26/05 Sx of Dx in Rt Ear and Lt. Sx pain, pressure and muffled hearing intermittently. Hx/c Overlap Sx's of tinnitus, Otalgia/otalgia or pathfx factors, Other Sx/c/w/up Sx's

Focused PMD VSS
HEENT - anicephalic, PERRLA, EOMI, small ant. Lt of cerumen, TM's retracted, ↓ mobility, Erythema Air/fluid levels & mass discharge/lesions Oral lesions
neck - supple, 5 lymphadenopathy
A/ STD
P/ Sudafed 120mg i Rx PO TID x 30 days
Fluids / Tylenol 325 1-2 tabs PO q4-6H PRN for pain
Ear plugs in 2-3 wks

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 600 (REV. 6-97) BACK

GTMO JMG 61

VOLUNTARY AND VOLUNTARY TOTAL FASTING AND RE-FEEDING
SOP: 001

Refusal to Accept Food or Water/Fluids As Medical Treatment

Detainee Number 693 Age _____ Date 29 Dec 05

The above detainee has refused to accept food or water/fluids as medically indicated by the Camp Delta Medical Officer of the Day.

It has been explained to the detainee the grave risks involved with not following the medical advice directing him to eat life-sustaining food and to drink water/fluids. As a direct result of his refusal to eat and/or drink, he understands that they may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of their extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, organ failure and coma. He understands that his refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to himself or lead to his death.

He understands that this is not a complete list of the risks involved with the refusal to follow medical advice and that he may experience other severe complications.

He understands the alternatives available to him including oral food and fluid, oral rehydration solutions (Gatorade), oral nutritional supplements (Ensure), intravenous hydration, and intravenous nutrition (total parenteral nutrition and peripheral parenteral nutrition).

He fully understands the prognosis if he does not accept food as directed above.

Translator Signat (b)(3):10 USC §130b,(b)(6)

Witness Signature

Medical Provider

Enclosure (1)

GTMO JMG 62

Voluntary Total Fasting Medical Evaluation Sheet

Detainee Number 693 Date of Evaluation 29Oct05

Date of Onset _____

Hunger striker: Food Fluids Both

HPI:

depression?	Y	N
H/O Suicidal ideation?	Y	N
Mood problems?	Y	N
Anxiety problems?	Y	N

MEDS: —

ALLERGIES: NKDA or _____

PMH:

Reason for Strike? no Reason given

Physical Assessment: Refused Exam

Inprocessing BMI: _____

Current Weight: _____ Current BMI: _____

Heart Rate _____ BP _____ RR _____ T _____ LOC: Yes No

Other Pertinent Physical Exam Findings:

Assessment: Hungerstriker

Plan:

1. Explained risks of inadequate intake of food and/or water to detainee. Risks include, but are not limited to: headache, fatigue, malaise, nausea, abdominal discomfort, muscle wasting, heart problems/cardiac dysrythmias, and death.
2. Detainee given informational handout and expressed understanding after all his questions were answered.
3. Continue follow-up as per Voluntary Total Fasting and Re-feeding SOP.
4. Other:

Translator: (b)(3):10 USC §130b,(b)(6) _____

Provider: _____

Enclosure (3)

NSN 7540-00-634-4175

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10 OCT 05 1000	(S) Pt c/o knee pain x 2 months. States that pain is worse with walking. Also says that he has trouble walking sometimes (O) WNWD NAD A+Ox3 Neg edema, Neg erythemia, Neg ecchymosis FROM (A) Chronic Knee p (P) Motrin PRN for pain

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.

WARD NO.

693

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

GTMO JMG 64

693

Voluntary and Voluntary Total Fasting Medical Flow Sheet

Detainee Number

Date	Daily Standing Heart Rate	Daily Mental Status Assessment	Drinking?	Eating?	Time of last urination?	Document meals eaten per CP (B.L.D)	Daily Weight	Weekly BMI	Comments
9/11	Det Date in full								
9/12	R	AAOX3	R	R	R				DET LAYING IN BED DID NOT WAKE.
9/13	0500 88	AAOX3	Y	NO	unknown	0			DET D/Ced HS + DRANK 11 ENSURES AND REQUESTS SOFT DIET.
9/13	86	AAOX3	Y	Y little	today				wants soft food, DET. STANDING AND SMILING. WANTS ENSURE
		D/C Hungerstrike per Dims							

(b)(2)

NSN 7540-00-634-4078

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/5/05	Chest X-ray; Ensure TID (Up Loss
0600	Tylenol 650 mg po for temperature. Comfortable
9-21-05	Up ad lib and ambulating. eating soft
@ 0733	diet. O n/v/d. Other c/o pain/discomfort
T 98.0	
BP 90	Afebrile VSS
R 18	Resp - CTA bilat
B/P 102/64	Abd - soft, NT, ND + bowel sounds
PO2 100	Ext - warm, dry, no edema
P/S 4/10	A/O x 3 pleasant
WT: 131lbs	Pt Tylenol 650 mg PO BID PRN
	Bisacodyl 10 mg PR qd PRN
	Simethicone 80 mg PO TID PRN
	Continue soft diet
	Ensure TID x 2 more days

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No. or SSN, Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

693

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 18-Sep-05

Time: 1036

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Detainee refused to talk to psych tech.

Objective:

Detainee was laying on his bed and ignored both the tech and the interpreter. Psych tech was able to gather the following information about the detainee from the block NCO. Detainee has been eating since the 13 of September 05. Prior to this date, detainee missed 33 meals. Detainee has not been a management problem for the guards.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: unable to assess

Speech: unable to assess

Eye Contact: poor

Communication: unable to assess

Motor Skills: unable to assess

Memory: unable to assess

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: poor

Level Status: Level III

Self-Injurious Behavior: Detainee denied or none noted

Assessment:

Detainee's records showed that he has been eating since the 13 September 05. Detainee's last meal was breakfast this morning. Detainee is not currently on food refusal. Detainee's decision to ignore the psych tech is the same as other detainees on other blocks and it might be another way to resist the services provided by U. S. service members.

Plan:

Case will be discussed with staff and the recommendation for the detainee to be removed from food refusal list will be made.

☑ F/U is scheduled for prn

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recom

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Typed)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

1UV

888-00-0693

DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-64)

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10 Sep 05 @0400	HM Note: Det is non compliant c med. Med as follows: Ensure TID. (b)(3):10 USC §130b,(b)(6)
10 Sep 05	Nurse Note: Lecture to pt re: ensure & hyperglycemia. (b)(3):10 USC §130b,(b)(6)
12 Sep 05 @ 1230hrs	HM reports to code yellow in [illegible] MRS 3/4 2 hrs. Pt at T bar of Echo. Patient is unable to understand but appears to comply to verbal & tactile commands. Pt is awake, alert, does not speak English. Vitals: BP 124/78, pulse 104, O2 sat 98% RR: 20, Blood Sugar 72 pulse taken and was 92 [illegible] (b)(3):10 USC §130b,(b)(6) (b)(3):10 USC §130b,(b)(6)
13 Sep 05	(b)(3):10 USC §130b,(b)(6)
14 Sept 05	HM Note: Det seen @ S/C. D/C'ed H/S & ordered soft diet for a couple of weeks (b)(3):10 USC §130b,(b)(6)
	Nurse Note / soft diet x 2 weeks (b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

693

693

Voluntary and Voluntary Total Fasting Medical Flow Sheet

Detainee Numbe

Date	Daily Standing Heart Rate	Daily Mental Status Assessment	Drinking?	Eating?	Time of last urination?	Document meals eaten per CP (B.L.D)	Daily Weight	Weekly BMI	Comments
8/28	R	A&O x 3	N	N	unknown		N/A	N/A	"I want DOCTOR Appt!" laying on floor
8/29	66	A&O x 3	N	N	Yesterday	53 missed meals			Sitting on floor when stood up said he got dizzy
8/30	R	A&O x 3	R	R	R				Laying on floor waved HM off
8/31	R	A&O x 3	R	R	R		N/A	N/A	Laying on Bed SAT UP SAID "NO"
9/1	R	A&O x 3	R	R	R		N/A	N/A	talking to new cell MATE. waved corpsman away.
9/2	block unsafe								
9/3	R	A&O x 3	N	N	R		—	—	Laying down in cell ignored HM.
9/4	R	A&O x 3	~	~	R	64			laying down in cell told me to go away
9/5	Suspended Block Ops								
9/8	R	A&O x 3	R	R	R	76	—	—	Det told HM ~~that He doesn't want to talk to me~~ "I don't want to talk to you"
9/9	Block unsafe								

[redacted] of 2 [redacted]

693

Voluntary and Voluntary Total Fasting Medical Flow Sheet

Detainee Number

Date	Daily Standing Heart Rate	Daily Mental Status Assessment	Drinking?	Eating?	Time of last urination?	Document meals eaten per CP (B,L,D)	Daily Weight	Weekly BMI	Comments
18Aug	R	~~A+O x3~~ R	R	R	R				Det in cell ~~[illegible]~~ ~~[illegible]~~ asleep [illegible] [illegible] up.
20AUG 05	R	A+O x 3	R	R	R				TALKING to cell mate waved away
8/21/05	R	R	R	R	R				waved me off [illegible] down
8/22/05	R	R	R	R	R				waved me off sitting in rack
8/23/05	R	A+O	R	R	R	25			would not respond or look at corpsman. Sitting on Rack talking to cell mate. Talking to guards about. Blanket waved corpsman away.
8/24/05	R	A+O x3	R	R	R				
8/25/05	88	A+O x3	N	N	Didn't know				Det. Standing at bean hole told corpsman couldn't eat or drink
8/26/05	R	A+O x3	R	R	R				Det. Standing in cell. Stated you asked these questions yesterday. I [illegible] [illegible] go away. "I ALREADY AN[illegible] OTHER CORPSMAN"
8/27	R	A+O x3	R	R	R	7	N/A	N/A	

1 of 2

b)(2)

Encl[illegible]

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTIO

PROGRESS NOTES

DATE	NOTES
9 SEPT 05	FELDENE - STOPPED 6 SEPT 05
9SEP05	DRT REFUSED RMN/HE. 4 OF LAST 6 MED PASSES. HM RECOMMENDS D/C OFF ENSURE DUE TO REFUSALS - (b)(3):10 USC §130b,(b)(6)
10 SEP 05 @ 1045	HM NOTE: SEE NOTE ABOVE +1, HM RECOMMENDS D/C OF ENSURE. (b)(3):10 USC §130b,(b)(6)
10 Sept 2005	[illegible] (b)(3):10 USC §130b,(b)(6) [illegible]

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME — LAST | FIRST | MI

SPONSOR'S ID NUMBER (SSN or Other)

DEPART/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION. (For typed or written entries, give: Name - (last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade)

Q93

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (Rev. 9-66)
Prescribed by GSA/GMR FPMR (41 CFR) 101-11.303(c)(10)

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509-114

GTMO JMG 71

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
08SEP05	"Cafe Yellow" Called on (b)(2) Approximately
12/8/92	ISIS DET Has Missed 6 meals and Was Found
85;73	In the Record In Sagine ISIS DET brought into clinic via
0130	Stretcher. IV started @ R63 and 9% saline in @ FA. Labs
Trnf to 8	Also Drawn @ 1553 GI COCKTAIL 300cc Given IVPB. Transport team
9/04/97	IV push @ 1605. 2nd IV started @ 1615. LR (bolus) 3rd IV started @ 1632
	and 9%. DET weight Black. VS taken @ 1653 BP 119/67 P:81 R:20
	IV D/C'd @ 1712. DET accepted 4 cans of ensure and 1/2 bottle of H2O.
	DET back to block via Stretcher. (b)(3):10 USC §130b,(b)(6)
	Interpreter present. Detainee here on hunger strike. No food and
	hasn't had water in a week. Detainee complaining of some vision problems
	Was found down with slight reconsciousness today. Hunger striking for 3 weeks.
	1) Why detained? 2) Not taking care of health 3) will not stop until leader tells
	him to stop. Wants medical to address dec. pain, knee pain, to take pain
	ed rash.
	gen: NAD.
	CV: RRR s1S2
	lung: CTA
	abd: soft NTND
	ext: 2+ c/c/e

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPARTMENT/SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex, Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.	

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

GTMO JMG 72

DATE	NOTES
4/P:	Hosp Shk/Chaplain
	Examined w/ 3L of fluid flowing VC able
	help much bette. Pulse down to 80s. WT 131lbs
	Ca down to mid 8s. Keep check NMS.
	Aft 2 cans. Well Hooked. Will D/C
	hosp. Hole w/u Medical Clrs are filled out of
	and sent to Hlth Lon to Dept.

(b)(3):10 USC §130b,(b)(6)

06Sep05	Code yellow: Det brought into clinic by
c/o upon	MA's on spine board. Hep LV STARTED @ 15 15.
arrival	Hep AMP D.5cm Administered @ 1520 by (b)(3):10 USC §130b,(b)(6)
B/P: 126/81	blood sugar = 59. IVF = NS 1 liter bag 2nd bag @ 1535. Started 3rd
P: 97	bag NS 1 cc c/o Nausea. Retains drinking Gatorade present.
500: 96	
BP. 59	Det. weight is 129 lbs. Glucose is 132 (b)(3):10 USC §130b,(b)(6)
	D/C ed IV. @ 1650. Det back to bloc (b)(3):10 USC §130b,(b)(6)

08Sep05	RN: Note: Diet changed to soft mechanical Diet x 2 week.
	Detainee to Flo in clinic in two weeks. Also given chalk
	Doctor's Schedule slip. (b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693
Cell#: (b)(2)

Date: 24-Aug-06
Time: 1251

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Detainee seen off block for Food Refusal assessment with interpreter. Detainee reported via interpreter that he is "not mental or nothing." He reported that he "can't eat," because he vomits "blood." He reported that he also unable to drink water for the same reason. He reported that if his "health got better, yes" he would start eating. He reported that he is not depressed. He denied having SI/HI/AVH. Detainee reported that he could no longer speak.

Objective:

Upon approach detainee was speaking to corpsman from delta clinic while laying down on the floor of his cell. He was wearing orange pants and no shirt. He appeared to be weak and reported that it was difficult to speak, but he refused to drink water. Detainee informed corpsman of his problem with vomiting blood. Corpsman will F/U with clinic staff. As per corpsman, detainee was standing laughing and smiling when they arrived to the block. As per block MA, detainee has refused 26 meals.

Mental Status Exam:

Appearance:	disheveled	Mood:	unable to assess
Distinguishing Features:	none noted	Affect:	unable to assess
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech:	ranging via interpreter	Thought Process:	coherent
Eye Contact:	none	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor

Level Status: Level III

Self-Injurious Behavior: None other than Food Refusal

Assessment:

Axis I and Axis II Deferred, seen for Food Refusal. Detainee was some what cooperative, but then refused to answer any questions from BH after several attempts. Detainee did not appear to be in any mental distress at this time. He appeared to be weak, but refused to drink water. This detainee's food refusal coincides with multiple other food refusals by other detainee's who are demanding release, although he reported that he would begin eating if his health improves, as evidenced by detainee standing laughing and smiling, but then was unable to stand or speak after he saw medical.

Plan:

Continue to reassess prn or within seven days for status of Food Refusal and reasons why he is refusing.

☑ F/U is scheduled for prn
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend d

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1UV 888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

GTMO JMG 74

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 868-00-0693

Cell#:

Date: 15-Aug-05

Time: 1241

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT. It was explained to detainee the purpose of the assessment but he refused to answer any questions.

Objective:

Tech met with detainee on (b)(2) Upon approach, detainee was lying on his rack. Per the MA's, detainee has missed 10 meals to include breakfast this a.m.. The MA's report no unusual behavior last night or today. Per DIMS, detainee MA's found detainee unresponsive in cell, Hospital Corpsman arrived, took vital signs, and determined that detainee was cleared to stay in his cell.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: stable
Affect: congruent
Thought Content: within normal limits
Thought Process: coherent
Thought Perception: within normal limits
Attention/Concentration: within normal limits
Intelligence: average
Insight/Judgment: good

Level Status: Level III

Self-Injurious Behavior: None other than food refusal

Assessment:

DX: Defer. Meal refusal. Detainee not cooperative with assessment. Detainee would not indicate the motivation behind his meal refusal. This detainee's meal refusal coincides with multiple other food refusals by other detainee's who are demanding release

Plan:

Reassess detainees motivation for meal refusal. Detainee instructed to contact BHS if there are any concerns, if his mood deteriorates, or if he begins to have thoughts of self/other-harm. Detainee was strongly encouraged to continue eating his meals and was informed that continuing to not eat could results in negative consequences to his health if he continues to refuse meals.

☑ F/U is scheduled for prn
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

Continue to reassess detainees mental status and motivation to hunger strike. This was the 2nd attempt to evaluate this detainee for food refusal.

(b)(3): 10 USC

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

1UV 868-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-94)

NSN 7540-00-634-4175

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
15AUG95	DET SEEN IN CELL FOR SICK CALL. PET WAS LAYING ON HIS BED
0800	WHEN HM'S ARRIVED. DET DID NOT RESPOND TO VERBAL
P 102	STIMULATION BUT DID TO STERNAL RUB AND AMMONIA
R 20	INHALANT. DET V/S WERE TAKEN AND DOCTOR CALLED IN.
BS 88	PERRL+. PULSE FOR SECOND BCS SECOND SET OF V/S P. 88, BP 130/80
I 99	PER ENSIGN DUCOTE DET WAS LEFT IN CELL HM
	Refused
15AUG95	Sick call. Pt reports to the clinic c/o pain left
0845	side [bX] pt is like asthma wheezing. Pt
	is pale, sick, lethargic, with clear lung
	sounds, BP 130/80, P 88, R 20, afebrile
	Denies any complaint by report, O2 sat 98%
	BS [bX] Blood sugar 210 [bX] 81. PERRLA, swelling, pain
	and pulses equally to hands bilateral
	Denies SOB and CP. Sick call to
	Refused

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR 201-8.202-1

GTMO JMG 76

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17Aug05	HM NOTE: DET REFUSED BREAKFAST, LUNCH AND DINNER FOR 3 CONSECUTIVE DAYS. DET REQUEST TO SPEAK TO (b)(3):10 USC §130b,(b)(6) DET STATES NO REASON FOR REFUSAL. DISCUSSED.
18Aug05	PA Note - Continue to offer meals for 3 more days, will put on hold at that time (b)(3):10 USC §130b,(b)(6)
1400 23 Aug2005	EKT called by (b)(2) on ISN 693. Det prev. been counseled on risks of his decision to hunger strike. VS BP 110/62, P 62, RR 14, T 98.7 ⓞ, Blood Sugar 141, SpO2 98%. Det medically stable & left on block (b)(3):10 USC §130b,(b)(6)
26Aug05 2310	HM NOTE: Det c/o coughing up blood det. stated he thinks blood is coming from stomach and requests to see (b)(3):10 USC §130b,(b)(6) could not tell HM how long it had been going on
27Aug05	Reviewed Continue to monitor will see in clinic if Sx continue (b)(3):10 USC §130b,(b)(6)
4Sep05 0800	Hm note: Det. refused Feldene 20mg 19 consecutive days. ~~Refused~~ esu Refer to 18Aug05 note. Hm recommend dis. Feledene: — Yap Noted (b)(3):10 USC §130b,(b)(6)

STANDARD FORM 600 (REV. 6-97) BACK

GTMO JMG 77

Refusal to Accept Food or Water/Fluids As Medical Treatment

Detainee Number 1093 Age _____ Date 13 Apr 05

The above detainee has refused to accept food or water/fluids as medically indicated by the (b)(2) Medical Officer of the Day.

It has been explained to the detainee the grave risks involved with not following the medical advice directing him to eat life-sustaining food and to drink water/fluids. As a direct result of his refusal to eat and/or drink, he understands that they may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of their extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, organ failure and coma. He understands that his refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to himself or lead to his death.

He understands that this is not a complete list of the risks involved with the refusal to follow medical advice and that he may experience other severe complications.

He understands the alternatives available to him including oral food and fluid, oral rehydration solutions (Gatorade), oral nutritional supplements (Ensure), intravenous hydration, and intravenous nutrition (total parenteral nutrition and peripheral parenteral nutrition).

He fully understands the prognosis if he does not accept food as directed above.

Translator (b)(3):10 USC §130b,(b)(6)

Witness S

Medical P

Enclosure (1)

Voluntary Total Fasting Medical Evaluation Sheet

Detainee Number 1093 Date of Evaluation _____

Date of Onset _____

CC: Hunger striker: Food Fluids Both

HPI:

H/O depression? Y N
H/O Suicidal ideation? Y N
Mood problems? Y N
Anxiety problems? Y N

MEDS: 2

ALLERGIES: NKDA or _____

PMH:

Reason for Strike? no reason given

Physical Assessment: Det Refused A/O

Inprocessing BMI: _____

Current Weight: _____ Current BMI: _____

Heart Rate _____ BP _____ RR _____ T _____ LOC: Yes No

Other Pertinent Physical Exam Findings:

Assessment: Hunger-striker

Plan: Refuses Meds

1. Explained risks of inadequate intake of food and/or water to detainee. Risks include, but are not limited to: headache, fatigue, malaise, nausea, abdominal discomfort, muscle wasting, heart problems/cardiac dysrythmias, and death.
2. Detainee given informational handout and expressed understanding after all his questions were answered.
3. Continue follow-up as per Voluntary Total Fasting and Re-feeding SOP.
4. Other:

Translator: _____ (b)(3):10 USC §130b,(b)(6)

Provider: _____

Enclosure (3)

NSN 7540-00-634-4179

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10 Aug 05	HM Note: (S) Det seen @ 5/L. Det has 5/6 (6) knee pain. See notes for 05 Aug & 06 Aug. P/R note on 06 Aug defines brace/ace wrap. HM recommends eval by PT. (b)(3):10 USC §130b,(b)(6)
10 Aug 05	MD Note/ continue to monitor knee pain. Pt started pain meds. Eye exam due to knee
11 Aug 05	HM response to (b)(2) (b)(3):10 for cond. yellow/ orders [illegible] unresponsive threat been back, upon entry done was noted and placed in supine position. Pulse 67 BP 116/72 pulse 96 RR 20 Blood sugar 81. (b)(3):10 USC §130b,(b)(6) Patch to left [illegible] Reviewed

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

693

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP_V1

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

Voluntary and Voluntary Total Fasting Medical Flow Sheet

Detainee Number 693

Date	Daily Standing Heart Rate	Daily Mental Status Assessment	Drinking?	Eating?	Time of last urination?	Document meals eaten per CP (B,L,D)	Daily Weight	Weekly BMI	Comments
7/26	71 124/77	A+0x3	NO	NO	In Clinic 1730		161 lbs		4L IVF in Clinic - Walked to BR
7/26	ATE	A+0x3 MRE	BROKE	HUNGER				STRIKE	
7/28	—	—	—	—	—	—	—		DET. PRAYING. EATING meals APPEARED well

L28

Enclosure (5)

GTMO JMG 83

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
02 Aug 05 2120	Det c/o (B) knee pain. Det was RFF'ed x 4 months ago and bumped knees into wall. Det stating pain is 10/10. Feels like bones are rubbing together. Pain is localized. Never had x-ray. ⊖edema ⊖erythema ⊖disfigurement. FROM. Det takes motrin PRN for pain. HM recommends clinic visit for possible x-ray
2 Aug 05	PR Note - use motrin prn for pain
8/05/05	MEMO: Det wants 2 Two knee Brace For (B)+(L) knee when corpsmen ask to do exam Det said NO Doc already knows about it and Being at when HM comes Back out
5 Aug 2005	NO Note/ No indication for knee brace with recent evaluation Detainee needs to allow HM to examine knee if exam has changed that may indicate knee brace
15 Aug 05 1645	Examined knees bilaterally on DX; Detainee in supine position on cot; Detainee c/o pain ↕ extension more ↕ (R) knee; ⊖ pain ↕ flexion (R); ⊖ swelling noted bilaterally Detainee states he's had swelling bilaterally on medial

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

103

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-8.202-1

USP LVN

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

and lateral aspects on both knees; +2 pedal pulses bilaterally; negative Homan's Sign; b swelling noted on calves. Had Detainee stand and bend knees. Detainee able to bend to floor but had some difficulty coming up from bending. Detainee c/o pain when ascending but denied any pain descending. Detainee states he's had this pain for 4 months, states naproxyn and ben-gay do not work, and that his father had arthritis. Detainee states pain in knees is worse in the am. Detainee also requests something for heat rash. Detainee seen 6/19/05 by (b)(3):10 USC §130b,(b)(6) for ⓑ knee pain denied knee brace @ that time. Detainee feels that brace would help his pain.

(b)(3):10 USC §130b,(b)(6)

℞ ① Feldene 20mg QD x 1 month c food
② Apply ice to site prn
③ Encourage exercises for knees
④ Re-eval in 2 weeks

(b)(3):10 USC §130b,(b)(6)

6/19/05 ℞ ① Feldene 20mg QD
Continue exercises daily
Ace wrap/Brace use prn

(b)(3):10 USC §130b,(b)(6)

bfw

STANDARD FORM 600 (REV. 6-57) BACK

Starvation/Dehydration Information Handout

The human body is composed of 70% water. Without water and/or other fluids, our cells shrink down (become dehydrated) and eventually the systems in our bodies stop functioning. In the hot climate you are now living in, the lack of fluids for more than 24 to 48 hours could seriously impact your health. Do not ignore your thirst---it is a sign that you are becoming dehydrated. Dark urine or decreased frequency of urination is another sign of dehydration. Death can occur in less than one week when no fluids are drank to replace the constant losses occurring within the body.

Not eating enough food can also be harmful to your health. Food keeps us alive and well by acting as "fuel" off of which our bodies run. Besides water, there is no greater need in our bodies than food. Food gives our body necessary energy and allows our bodies to maintain its systems---brain function, muscle contraction, liver function, kidney function, cardiac activity, the immune system, and tissue maintenance. There are many harmful effects of not eating. The following list gives many of them but the final consequence of not eating is death.

Early Effects of Starvation

- hunger pains
- sleepiness
- dizziness
- weakness
- weight loss (initially water weight)

Later Effects of Starvation

- fatigue
- decreased ability to fight infections
- decreased mental concentration
- difficulty urinating
- depressed mood
- loss of consciousness
- muscle loss
- tissue loss (such as the liver, heart, and lungs)
- death

Many of the effects of starvation and dehydration may be reversed by starting to eat and/or drink in a timely manner. You may be at a higher risk if you have other medical problems. Some of the effects may become permanent, and irreparable harm may occur to your body if self-starvation or refusal of water/fluids is allowed to continue for a long time.

We would recommend that you resume a regular diet and resume consumption of water and other fluids. Please ask the physician if you have any further questions or concerns as to how self-starvation or dehydration may affect your health.

Enclosure (1)

Refusal to Accept Food or Water/Fluids As Medical Treatment

Detainee Number 693 Age ____ Date 7/20/05

I refuse to accept food or water/fluids as medically indicated by the (b)(2) Medical Officer of the Day.

As explained to me by the (b)(2) Medical Officer of the Day, I fully understand the grave risks involved with not following the medical advice directing me to eat life-sustaining food and to drink water/fluids. As a direct result of my refusal to eat and/or drink, I understand that I may experience: hunger, nausea, tiredness, feeling ill, headaches, swelling of my extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, and coma. I understand that my refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to myself or lead to my death.

I understand that this is not a complete list of the risks involved with the refusal to follow medical advice and that I may experience other severe complications.

I fully understand the alternatives available to me.

I fully understand my prognosis if I do not accept food as directed above.

(b)(3):10 USC §130b,(b)(6)

Detainee Signature

Translator Signatur

Witness Signature

Medical Provider Si

Enclosure (2)

Voluntary Total Fasting Medical Evaluation Sheet

Detainee Number 1073 Date of Evaluation 7/26/05

Date of Onset (b)(3):10 USC §130b,(b)(6) 4 days ago

CC: Hunger striker: Food Fluids (Both)

HPI: H/o nephrolithiasis / NO

H/O depression?	Y	(N)
H/O Suicidal ideation?	Y	(N)
Mood problems?	Y	(N)
Anxiety problems?	Y	(N)

MEDS: D Protonix

ALLERGIES: (NKDA) or _____

PMH:

Reason for Strike? "Mood problems for the Detainees"

Physical Assessment: WNL -

Inprocessing BMI: _____

Current Weight: Refused - States can't stand alone - Stood on scale getting up 101 lbs Current BMI: _____

Heart Rate 71 BP 124/77 RR 16 T _____ LOC: Yes (No)

Other Pertinent Physical Exam Findings:

Assessment:
A&Ox3 - Sitting up and Walking - Looks fit and Well.

Plan:

1. Explained risks of inadequate intake of food and/or water to detainee. Risks include, but are not limited to: headache, fatigue, malaise, nausea, abdominal discomfort, muscle wasting, heart problems/cardiac dysrythmias, and death.
2. Detainee given informational handout and expressed understanding after all his questions were answered.
3. Continue follow-up as per Voluntary Total Fasting and Re-feeding SOP.
4. (b)(3):10 USC §130b,(b)(6)

Translator: _____

Provider: _____

Refusal to Accept Medical Evaluation

Detainee Number 693 Age _____ Date 7 Aug 05

I refuse to accept a medical evaluation as medically indicated by the (b)(2) Medical Officer of the Day.

As explained to me by the (b)(2) Medical Officer of the Day, I fully understand the grave risks involved with not following the medical advice directing me to have an evaluation to monitor the effects of my refusal to eat life-sustaining food and to drink water/fluids. I understand that my refusal to be evaluated may delay intervention that may lead to irreparable harm to myself or lead to my death.

I understand that this is not a complete list of the risks involved with the refusal to be medically evaluated.

I fully understand the alternatives available to me.

I fully understand my prognosis if I do not accept [illegible] directed above.

(b)(3):10 USC §130b,(b)(6)

Detainee Signature _____

Translator Signature _____

Witness Signature _____

Medical Provider Sig _____

Enclosure (4)

GEMS IT MAC1200 , U.S.NAUAL HOSPITAL-GTMO

HR 76bpm

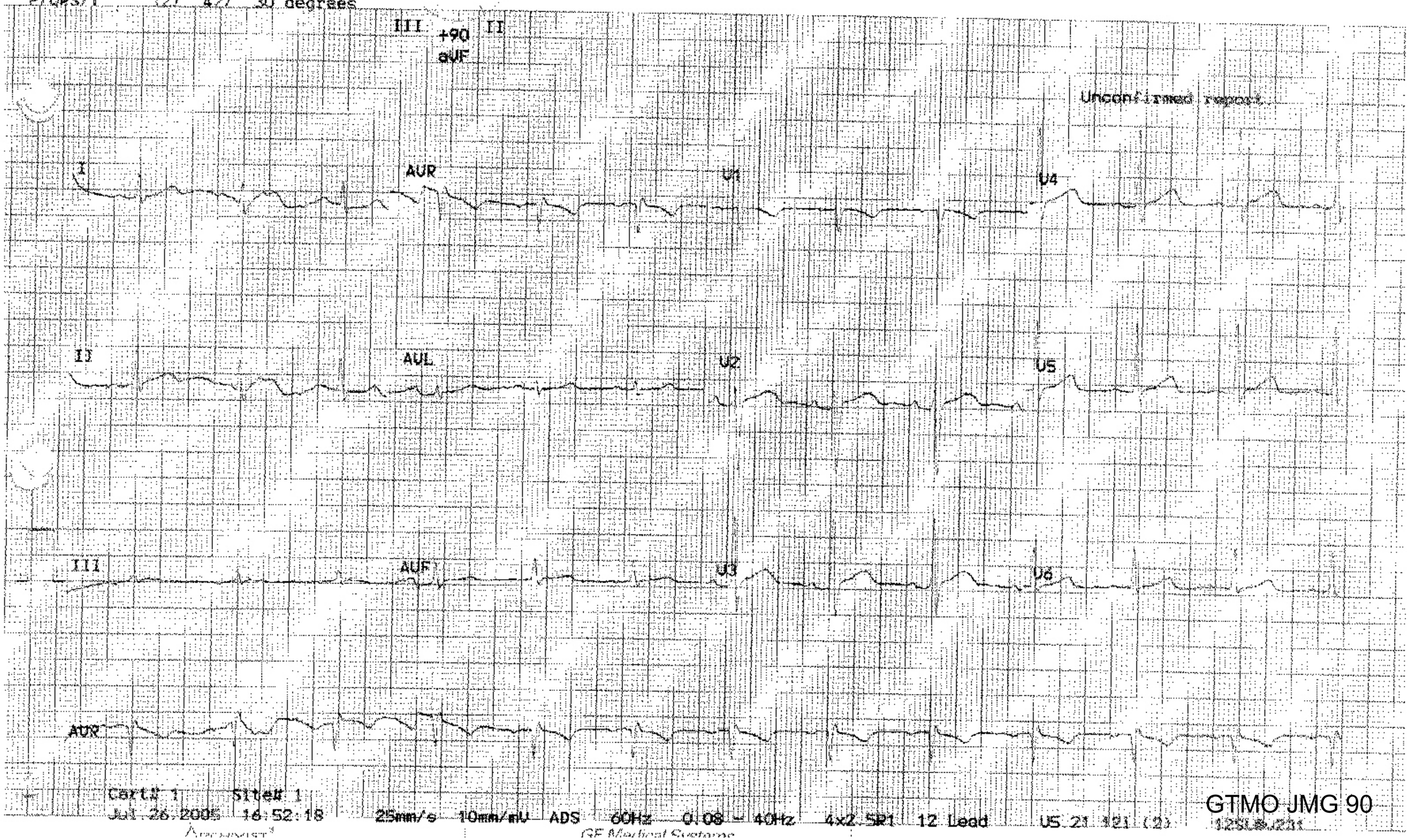
Measurement Results:

QRS	:	102	ms
QT/QTcB	: 386 /	434	ms
PR	:	166	ms
P	:	96	ms
RR/PP	: 782 /	785	ms
P/QRS/T	: 12/ 42/	30	degrees

< P
< T
< QRS

Interpretation:
Normal sinus rhythm

ISN# 6930 1655



GTMO JMG 90

GEMS IT MAC1200 , U.S.NAVAL HOSPITAL-GTMO

HR 76bpm

Interpretation:

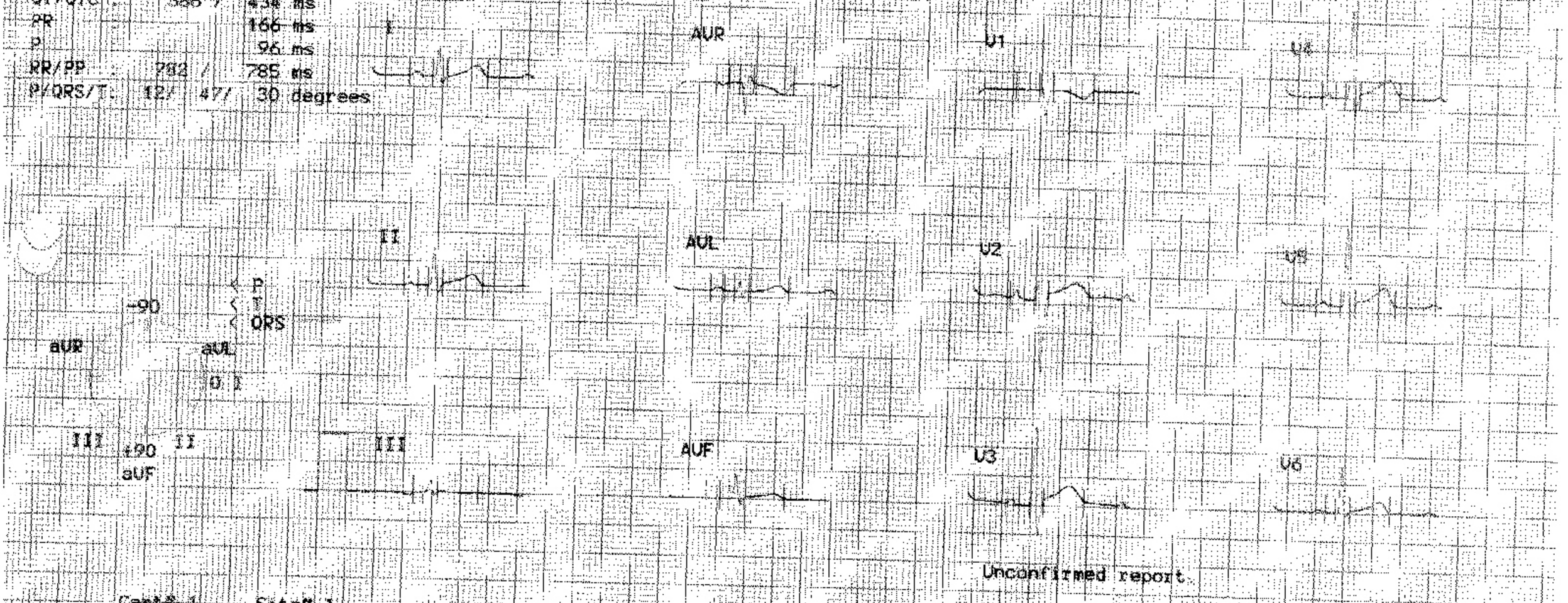
Normal sinus rhythm

	PA	PPA	QA	QD	RA	RD	SA	SD	RPA	RPD	STJ	STM	STE	TA	TPA
V1	39				39	16	444	86				-10	-30	-151	
V2	136				322	29	1298	57			87	131	180	268	
V3	92				1357	48	546	37			102	166	239	351	
V4	68				1503	51	307	36			68	122	190	332	
V5	58				1342	54	180	31			63	102	141	336	
V6	43				786	56	78	30			34	58	87	205	
I	78				483	50	126	52			14	48	83	205	
AVL	58				166	44	117	58			-5	19	34	117	
II	43				659	55	126	34			39	63	102	190	
AVF	-24				424	59	92	29			34	39	58	87	
III	-53				214	64	63	23			24	14	19	-29	

Measurement Results:

QRS : 102 ms
QT/QTC : 386 / 434 ms
PR : 166 ms
P : 96 ms
RR/PP : 782 / 785 ms
P/QRS/T : 12/ 47/ 30 degrees

Dominant Median Beat



Unconfirmed report.

Cart# 1 Site# 1
Jul 26 2005 16:52:18 25mm/s 10mm/mV ADS 60Hz 0.08 - 40Hz Detailed Results 12 Lead V5.21 121 (2) 12SL&v231

GTMO JMG 91

GE Medical Systems

GEMS IT MAC1200 , U.S.NAUAL HOSPITAL-GTMO

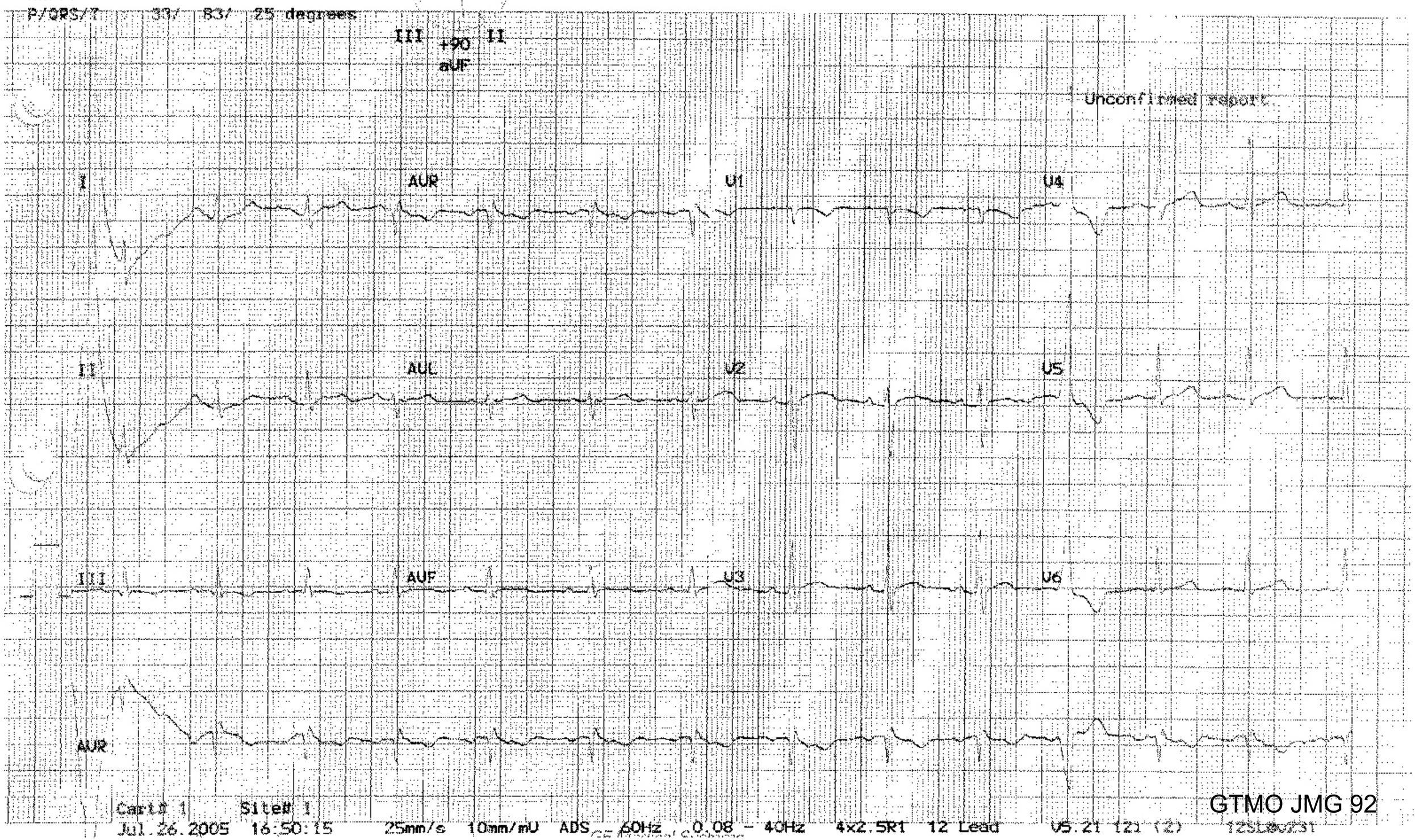
HR 81 bpm

Measurem	Results:	
QRS		96 ms
QT/QTcB	390 /	453 ms
PR		168 ms
P		102 ms
RR/PP	752 /	740 ms
P/QRS/T	37/ 83/	25 degrees

< P
< T
< QRS

Interpretation:
Sinus rhythm





GTMO JMG 92

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
25 JAN 06 1116	DET C C/O CONTINUING SCROTUM PAIN. DET STATED HE IS ID RELEVE SIZE 32 UNDERWEAR. ORDER FOR UNDERWEAR WAS FROM 22 FEBES. DET STATES HE DID HAVE A PAIR BUT A HM TOOK HIS TO EXCHANGE AND HE NEVER RECEIVED ANOTHER PAIR. HOW DO WE GET UNDERWEAR? (b)(3):10 USC §130b,(b)(6)
25 JUNE 1429	PA NOTE: NO UNDERWEAR! (b)(3):10 USC §130b,(b)(6)
26 JUL 05 0 0845	HM responds to cell on on main sick call that they have detainee unresponsive. Detainee responsive to commands inhaled. O/P, O expiration to head or neck, O gross deformities, detainee with eyes being opened, O step of rest O mass noted to cranium. VS B/P: 126/58 pulse: 80 RR: 20, O2 sat: 98%, Temp: 97.6 Ax, BS: 82, good cap refill, O babinski's, O laceration O contusion, O edema VS B/P: 124/74, Pulse: 102, RR: 24 O2 sat 98% Taken by (b)(3):10 USC §130b,(b)(6) blue shirt on black (b)(2) (b)(3):10 USC §130b,(b)(6)
0850	

HOSPITAL OR MEDICAL FACILITY | DEPART./SERVICE

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO.

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USP LVN

GTMO JMG 93

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
23JUL05	PA Note - Reviewed - Continue 90 month Pro-
	changes (b)(3):10 USC §130b,(b)(6)
23JUL05	
1550	DET WALKED VIA BACKBOARD, STRETCHER. VS ON BLOCK: BP=89
	P=120, R=20, BS=94. DET IS A HUNGER STRIKER. DET
	WAS AEOX3 ON THE BLOCK EYES WERE FLUTTERING AND
	DET HELD BREATH WHEN SALTS WERE USED. DET WAS
	BROUGHT IN FOR FURTHER EVAL. VS UPON ARRIVAL:
	136/69, P=87, RS=82, T=99.2, R=12, 98%. ADMIN
	1000cc NS VIA 18G BOLUS. BAG #2 STARTED @1555. BAG
	#1 FULLY INFUSED 1000cc. (b)(3):10 USC §130b,(b)(6)
	BAG #3 NS 1000cc STARTED @ 1615. BAG #2 FULLY INFUSED
	1000cc. (b)(3):10 USC §130b,(b)(6)
1604	DET C/O CHEST PAIN X2 DAYS. STABBING DISCOMFORT ON THE
	L CHEST WALL. R/O. INTERPRETER TRANSLATING FOR DET.
	C/O DIZZINESS, LIGHT HEADED. HM TO ADMIN [illegible]
	(b)(3):10 USC §130b,(b)(6)
23JUL05	Cancel above note by cosigned. Ord ABOX3. EKG obtained
@1655	due to above C/O chest pain. Results read by PA Brunelle VS
Outclinic	B/P 124/77, P=71, RR=16, On set 96%RA. Det. awake, responds
	by PA Brunelle. IV NS #4 bag hung @ bolus rate. (b)(3):10 USC §130b,(b)(6)
23JUL05	IV D/C'D @ this time. cath intact
1715	

STANDARD FORM 600 (REV. 6-97) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
	PA Note.
6/2	I/J pt has order for under wear and MA's took them this needs to be resolved by MA's.
5JUNE05	DET C/O BILATERAL KNEE PAIN, AND HAS BEEN SEEN BY DR. 4 MONTHS AGO. HM RENEWED HX AND SEEN THIS IS A CHRONIC INJURY. HM ALSO QUOTED NAPROSYN WAS DC 1JUNE05. DET REQ ICE AND AN ICE WRAP BE AVAILABLE FOR HIM. HM STRESSED ACE WRAP WOULD NOT HELP, BUT WOULD DOCUMENT. DET ALSO STATED THAT A "PREVIOUS HM TOOK HIS UNDERWEAR AND NEVER GAVE IT BACK." ABOVE PA NOTE NOTED
6/6	PA Note 0830 Grunt Work Hooks -
1JUN05 1300	HM note: Det C/O genitals hurting, this pain has been going on for some weeks now. Corpsman did not evaluate the situation but since the DET already has a pair of under wear and he gave it back to another Corpsman. Corpsman said she will give him

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-92)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

1992 EDITION 509-114

GTMO JMG 95

DATE	another pain slip 32. NOTES
6/6/05	HM NOTE: DET WARNING HE IS TO RECEIVE UNDERWARE AND OTHER HM WAS SUPPOSE TO TAKE HIM SOME BUT NEVER DID. TOLD DET (b)(3):10 USC HM DON'T PASS OUT UNDERWARE.
6/17	PA Note. 0945 no medical Indication
6/18/05	HM NOTE Det c/o bilateral knee pain. Pain is presistant, but worsens throughout the day. ϕ swelling ϕ edema ϕ redness. Det states he received Naprosyn in the past, but hasn't helped the pain. Det states its hard to walk because of the pain. Det requests a knee brace or soothing to sport himself.
6/19/05 1100	MD: Multiple c/o knee pain w/ limited Active Clinic visit
2 Week 0900	clinic note pt seen. NAD ① TTP Medial Knee ligaments bilateral c/o intermittent pain ↓ROM ϕ edema ϕ swelling A. Pes Anserine Bursitis ② Exercises explained / Cont ASO's pain ③ Cont Ibuprofen & exercises ④ No Brace.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4178

MEDICAL RECORD — AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	1 Apr 05 PA note.
	Ed pt has underwear Continue to wear. If no underwear request us need for new Issue
9 MAR 05	HM NOTE: S: Pt c/o (L) EAR PAIN x 3 day + headache
	O: WDWN male, NAD, A+O x 3, TTP external ear canal, (+) cerumen (+) VM scleral, TM's clear gray, mild erythema, Ø discharge / drainage
	A: Heavy cerumen
	P: 1. Irrigation of internal ear canal
	2. F/U x 7 days
	3. Tylenol 650 mg PRN
4/6/05	Good job. Cancer + plan
10 D	
22 MAR 2005	HM NOTE: Pt seen in cell [redacted] pt reports
	to have crackers or cereal & his 1800 Nutrition Supp
	that he receives BID. Pt stated that Navy had both
	his stomach + the last food.
23 Apr 05	Will order Crackers + Nu[redacted]

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVIC

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. | WARD NO.

GTMO JMG 97

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT (Sign each entry)
23MAY05	M36 DET REFUSED THE MED OF NAPROSYN BECAUSE HE DID NOT HAVE CRACKERS. HE RAN OUT OF CRACKERS DUE TO TENDING TO OTHER DET. HE WAS UNAWARE OF PREVIOUS NOTE (APRIL 22, 2005) AND WAS UNAWARE OF THE AMOUNT OF CRACKERS. (b)(3):10 USC §130b,(b)(6)
24MAY05	PA Note Continue to Monitor. (b)(3):10 USC §130b,(b)(6)
1 JUNE 05 0621	HM Note: Detainee #693 was ordered 500mg Naprosyn on 3-18-05. As HM looked in the EMCS database, no orders were made for this det. Please clarify if the order is to be refilled or not. Previously, HM's have been pulling meds from PRN section of pharmacy and new meds are ent.
01 JUNE 05 0930	MD: Det has been on naprosyn for >2 months. Will D/C. Cont to monitor. Will consider reorder if condition de (b)(3):10 USC §130b,(b)(6)
02 JUNE 05 0308	HM Note: Det c/o ↓ scrotal support. Det #693 told HM that a couple of weeks ago, the HM took underwear from him to exchange for a new pair and det. never received the new pair. Det requests a new pair of underwear (size 32-34). HM checked and looked around cell for visible underwear. ↓ signs ~~of~~ Ref. to DCC note dated 22Feb05. (b)(3):10 USC (b)(3):10 USC §130b,(b)(6)

STANDARD FORM 600 (REV. 8-87) BACK

NSN 7540-00-634-4179

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
Cont'd	consider referral of bilat knee pain (b)(3):10 USC §130b,(b)(6)
15MAR05	PA NOTE: new complaint. My consensus Tx c standing order meds 1st. NSAID etc. (b)(3):10 USC §130b,(b)(6)
15MAR05	Above Ord rec'd (b)(3):10 USC §130b,(b)(6)
18MAR05	Medic Note: Det c/o bilat knee pain x 1 month. States pain ↑ when he walks in the AM. Believes his meds aren't working. orginally seen 22 FEB05 but pain persists. d/s or s/l/t/bar det wants neoprene knee sleeves for both knees. (b)(3):10 USC §130b,(b)(6)
19MAR05	D/c meds & to pharm (b)(3):10 USC §130b,(b)(6)
24MAR05	S/Detainee refusing Naprosyn stating it does nothing for condition. Condition remain the same & chronic knee pain & MOI. Detained till requesting knee sleeves. HM told detainee NFI Release

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION (For typed or written entries, give Name (Last, First, Middle), ID No or SSN, Sex, Date of Birth, Organization)

REGISTER NO. | ID NO.

693

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
NSN 7540-01-317-8002

GTMO JMG 99

(Cont)
24 Mar 05 0/ WD in NAD AxO x 3
B knee O Arthritis O Crepitation O edema
O erythema O effusion O Full ROM O 5/5 strength
O radiating pain O loss of sensation O numbness
O radiating pain O McMurrays O drawers O Apley's
Cr [redacted] (b)(3):10 USC §130b,(b)(6)
A/ (B) knee pain mechanical
P. 1) D/C Naprosyn
2) PT Consult
3) Feldene 20 mg po qd x 21 days
4) Pt educated
5) F/U in 21 days

25 MAR 05 ~~PA NOTE~~ CONSULT. (b)(3):10 USC §130b,(b)(6)
STARTED ON NAPROSYN 18 MAR 05, 1995
ON 14 USES x 1 W/C. NO KNEE SLEEVES,
A: NO MEDS UNTIL 30 DAY Rx EXPIRES (b)(3):10 USC §130b,(b)(6)

28 MAR 05 HM noted, detainee informed (b)(3):10 USC §130b,(b)(6)
1 APR 05 Detainee d/c Scrotal Support. Pt uses
Given Scrotal Support 22 Feb 05, Now
c/o worn down underwear. Detainee
request new pair. Detainee was Current
wearing underwear + was unable to show
HM condition
O WD/WN in NAD AxOx3
A/ Scrotal Support / Genital Swell Class II VOR
P/ Re-issued Necessity Scrotal Support (b)(3):10 USC §130b,(b)(6)

GTMO JMG 100

22 February 2005

MEMORANDUM

From: Delta Clinic
To: DOC

Subj: ISN #693

1. Please allow ISN # 693 to wear scrotal support for medical reasons.
2. Direct any inquires to Delta Clinic staff, ext. 3261 or 800.

Respectfully,

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 102

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT
18 FEB 05	PA NOTE AGREE —
19 FEB 05	S- Pt was seen in cell C stepfather [illegible] chronic pain of the entire [illegible] Pt states the pain is intermittent pt stated that he has cont while walking stronger pt stated that his testicular pain is sometimes in his (L) testicle at sometimes in his left testicular edema or discoloration. Pt was noted for s/s in 2002 & has been complaining of it since. O- BP 130 x 5 NAD Exam performed in cell A- Pain Pt is P- WA, Possible kidney consult due to chronic s/s Consult to obtain UA - f/u results 2/21 - 2/22.
22 FEB 05	PA NOTE S) PT C/O TESTICULAR PAIN & WHITE DC & ISTURINARY AT ARM & KNEE PAIN BILAT R>L. O) PT CAOx3 NSS ARE&C/O INTERMITTENT WEAK & GUARDS UA (-) GLU/BLD/KET/BLD/PTN LUC/NIT/PH 7.0

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. | WARD NO.

692

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
21 FEB 05	Heent wnl Lctab lungs RRD S1S2 no BS. Point PMI Gen Abx Small Class II Varicocele L>R Tanner III, Knee tenderness Injection A) 1) Varicocele L>R 2) Nocturnal Emission 3) Bilat Knee tenderness P) 1) UA 2) Scrotal support 3) IBU/motrin 800 mg PO TID x 10 days For Knee & Abd Pain 4) Ice Knees Bilat 10 days 5) RTC prn
22 FEB 05	HM REVIEWED NOTE AND WILL ADMINSTER SCROTAL SUPPORT.
23 FEB 05	HM NOTE - Pt was ordered tension pulses but did not receive the 23 FEB 05 and was advised the 25 FEB 05 nurse consider altering orders having caught and stated tension Pulses were Heather.
28 FEB 05	DA NOTE: AGREE EXTEND MOS
14 MAR 05	HM note - Pt was seen & interrogator Pt stated that his still having knee pain Pt was evaluated & same complaint on 22 FEB 05

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 600 (REV. 6-97) BACK

GTMO JMG 104

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11 FEB 05	PA NOTE: clinic visit for puncture wound
	face and mid chest Treated c cream &
7 FEB	Resolve. Also c/o PAINful RT 5TH METACARPAL
	Broke it punch APPROX 2 MONTHS
	c/ WOUND & LOSS
	SKIN: Erythematous maculopapular lesions noted
	ON ON MAIN REGION AND MID chest.
	⊖ EVIDENCE of INFECTION.
	RHD ① palpable Bony Deformity RT 5TH
	METACARPAL. ⊖ Rotational Deformity
	⊖ KNUCKLE Deformity. DEFICIENT ABLE
	to close FIST 5 Difficulty.
	AP ① CONTACT DERM
	② SUSP 5TH MCPX OLD INJURY.
	— HC 1% AAA TID #1 RFG
	— FU in 1 WK for XRAY
	(b)(3):10 USC §130b,(b)(6)
14 FEB 05	PA CLINIC NOTE:
	SI FU for c/o METACARPAL PX.
	REPORTS NOTICEABLE IMPROVEMENT OF RASH c HC 1%
	REQUEST TO USE IT PRN ONLY. CONT →

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name (last, first, middle); ID No. or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

0693

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11 FEB 05	Pharmacy NOTE CONTINUED
	of wound & no MRO vs DIF.
	X-ray TEST DONE. Will deny Deformity
	c/w mid shaft 5TH MC FX.
	SCM face - lesions resolved.
	chest improved.
	① contact derm. improving.
	② OLD 5TH MC FX. STABLE.
	- HC 190 Δ to prn.
	- FLU PRN

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
31 AUG 04	HM NOTE: DET SEEN C/O DISCHG + PAINFUL URINATION. ALSO (R) EAR PAIN + PAIN IN PELVIS. DET ALSO STATES PAIN IN EAR + ABDOM X 3 DAYS. RECOMMEND DET GIVE UA FOR POSSIBLE KIDNEY INFECT AND BE EVALUATED BY M.D. (b)(3):10 USC §130b,(b)(6)
31 Aug 04	UA + EVAL IN E Sick Call
	(R) EAR Pain Can Be EVALUATED
12 JAN 05	HM Note - Det. has C/O excessive itching to entire chest, itching is uncomfortable and prevents him from eating @ times. also stated experiencing minor bleeding 2 to itching. also has itching to the (R) upper eyelid. Det stated "Scratch my chest, then my eye" X 2 months, upon examination, noted Redness to chest and minor scratches. (-) bleeding, (-) PUS unable to fully observe due to excessive chest hair. Hawmy provided Det. C anti-itch cream, Hydrocortisone. However, Det. request oral medication (b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

JMG

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USF 600

GTMO JMG 107

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12 JAN 05 1200	Note → Neg [illegible] Benadryl PRN pain Stanley Allen Pharmacist
11 Jan 05	Noted above will cont [illegible]
3 FEB 05	HM note dct. was seen in cell stating itching remains the same. Ins'der adding talcum powder to assist in itch relief cont c benadryl
04 FEB 05	PA NOTE: Schedule for [illegible]
17 Feb 2005	S/Dctainee c/o cold x 3 days @ HA @ sinus pressure @ cough / phlegm green - yellow color @ nausea @ vomiting @ diarrhea @ sinus pressure is below eyes @ above ears @ [illegible] pain @ F/C @ insomnia due to [illegible] @ sore throat O/well M NAD A=Ox3 Afebrile Eyes - @ perrla @ photosensitivity @ Full ROM lymph @ edema, @ @ mild TTP @ difficulty swallowing A/ viral URI 1.) Sudafed PE 30mg bid 2.) Humabid LA 1po qd. 3.) Tessalon Pearles 1po q 8hs (200) 4.) Tylenol

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10

(b)(3):10 USC §130b,(b)(6)

STAN

NSN 7540-00-634-4175

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3·1·04	(S) DET. SEEN IN CELL FOR S/C C/O EAR PN IN BOTH EARS ON AND OFF AS LONG AS HE CAN REMEMBER.
	(O) WDWN ♂ NOTED BEHIND TOWARD EARS. A & OX3. OBSERVED Ø CERUMIN IN BOTH EARS TO NAKED EYE. Ø OTOSCOPE AVAILABLE.
	(A/P) REL. EAR LAVAGE AND F/U Σ DET.
	(b)(3):10 USC §130b,(b)(6)
3/8/04	wt has been stable since appt 03 BMI 27 remains 172 lb, 1 month later 144. Recent wt noted for Jan 04, will monitor weight monthly.
	(b)(3):10 USC §130b,(b)(6)
3·25·04	(S) DET. SEEN IN CELL FOR EAR IRRIGATION AS PER COMPLAINT ON 3·1·04.
	(O) WDWN ♂ IN NAD. A & OX3. (L) EAR, TM INTACT. Ø DRAINAGE, Ø

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. | WARD NO.

W913

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	FOREIGN OBJECTS, Ø S/S OF INFECTION.
	MODERATE AMOUNT OF CERUMIN. (B)
	EAR, TM, INTACT Ø DRAINAGE, Ø
	FOREIGN OBJECTS, Ø S/S OF INFECTION,
	MODERATE AMOUNT OF CERUMIN
	(A/P) IRRIGATED BOTH EARS WITH
	HYDROGEN PEROXIDE AND STERILE
	IRRIGATION FLUID. REMOVED MODERATE
	AMOUNTS OF CERUMIN. WILL F/U
	C DOT. PRN.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

24 Mar 04 S: Patient reports loose tooth on lower left. Needs a cavity filled.
O: T-3 Exam
A: Temporary restoration #19, heavy facial calculus formation #24 & 25 recession
P: Today - Prophy scale and polish
RTC - Dec 04

(b)(3):10 USC §130b,(b)(6)

7540-00-634-4173

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/9/03	C/O Ear pain Legs or cell block by (b)(3):10 USC §130b,(b)(6) x found to have purulent otorrhea & erythematous (L) ear canal (L) TM unremarkable WNL (L) LOE - cortisporin drops x 10 days (b)(3):10 USC §130b,(b)(6) otitis externa. USC §130b,(b)(6)
CRC ~~DEC 03~~	
1.5.04	Admin: Det c/o pain when urinating. Det. stated there is no blood or discoloration. Recommend urinalysis to evaluate det (b)(3):10 USC §130b,(b)(6)
6 Jan 04	C/O of ear pain WNL (b)(3):10 USC §130b,(b)(6)

AL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

R'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

D9693

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

GTMO JMG 111

CAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

NSN 7540-00-634-4179

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
07-06-03	Pt. C/O itching x 1 day. Pt. Says itching started after dance yesterday. itching @ access in hands knees (L) ear (L)ear. There was no redness in Ears but a small [redacted] Counter size redness on (R) hand. Pt. was given 25 mg at Bendr IL
07/07/03	Pt. C/O H/A / Ear pain (L). Pt. Says it has been going on for about 1 week. Pt was given 500mg of tylenol Rec Low Om 20 Dec Acer - out Tx
July 27 03 1200	Patient seen w cell complaining of (L) ear ache, to examined c otoscope and ◊ d/s of injection TM which ear canal w/o ~~any~~ excessive wax build up, ◊ recommendations @ this time

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. | WARD NO.

D-GSR

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

GTMO JMG 113

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
23JUL03	DETAINEE ON S/C LIST C/O "E/A IN SD", UPON ARRIVAL & QUESTIONIN
1000	DET. PRESENTS Ø C/O SD Px & REF. TX, Ø MEDS GIVEN Ø F/U
	RECOMENDED —
	(b)(3):10 USC §130b,(b)(6)
21/3/03 1300	DA. seen w cell complains of (R) ear ringing; DA
	voices "I've had this pan for 2 months now and
	it keeps getting worse; about a month ago I've
	started to hear a ringing noise that has increa-
	sed; Now sometimes I can't hear anything out
	of my (L) ear, but ringing"; DA. unable to be
	examined due to being transported out of ce(b)(3):10 USC §130b,(b)(6)
	Recommend f/u by PA and/or Eval by
	Will eval in clinic (b)(3):10 USC §130b,(b)(6)

(7). LEX. Printed on Recycled Paper

NSN 7540-00-634-4032

MEDICAL RECORD — PROGRESS NOTES

DATE

~~Dec 02~~ 10/30/02 1400 To clinic to Pharm for
ear flup from 10/29 visit
C/O ear pain - read chart, IM
intact & rd & edema —
Cefpodoxime Extis 10 x 7 days
Ibuprofen 800 mg PO BID PRN pain

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

13 DEC 02 MA Note

T 100.4 Pt. notes gum recession + bleeding for several mos. Dx: Perio referral
P 84 PE - Heart: RRR, no murmurs
R 20 Gum hyperplasia present diffuse - mod bleeding
BP 146/102 A/P: Gum perio referral done. Started Cefpodoxime 200 mg qd for 1 week

(b)(3):10 USC §130b,(b)(6)

1115 Detainee seen in cell c c/o allergies to
1130 breakfast and lunch. Pt states his skin
itches and has pressure in his head. ⊕
dizziness when standing ⊖ vomiting ⊕ lethargic
C "hot in eyes and mouth" Pt says he
drinks approx. 30 cups of tea thru a day,
and that after eating he has tachycardia
and brea

(b)(3):10 USC

(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.

(b)(2)

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202

888-00006

PROGRESS NOTES

DATE

cont
and breathing problems. Pt would like
to see doctor about this problem. Denied
exam by MO (b)(3):10 USC §130b,(b)(6)
? cast
? dehydration - Reassess c
this exam, Temp (b)(3):10 USC §130b,(b)(6)

05 JUL 2003
1530

DETAINEE ON S/C LIST C/O PAIN (P) EAR. UPON ASSESSMENT AND QUESTIONING INFORMED DETAINEE. NOTED AD PAIN X 3/7 DAYS (P) PAINFUL (Q) NOTE BENEATH MANDIBLE. STATES HEARING LOSS (E) SINUSITIS AND MA. ALSO C/O OF ITCHING IN EV. NOTED S/S OF ERYTHYMA | INFECTION | EDEMA NOTED. (R) DISCHARGE | PAINFUL EUSTACHIAN TUBE INFECTION. NO MEDS GIVEN. RECOMMENDED IDC F/U IN CELL. (b)(3):10 USC §130b,(b)(6)

F/u in Clinic in 72 (b)(3):10 USC §130b,(b)(6)

5 JUL 03 F/u Ear Infection

5/6/1362
P=84
T=99.3
R=20

Patient seen (A) ear pain c) N. (P) fever, chills. + allergy symptoms
for over 1 week. Has
HEENT: (C) ear tube purulent (F) Nasopharynx
(D) ear canal.
(E) Nasal problem persists
N/V (G) DM - 2 pills to be prescribed
(L) Allegra allergy (80 ct) 1 po QD x
1 month

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 509 (REV. 7-91) BACK

U.S. GOVERNMENT PRINTING OFFICE: 1995 388-105

GTMO JMG 116

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/29/02	To clinic & eval for pain —
1240	Interpreter @ bedside
14/1800	clo ear pain - Bilat - was seen
94	a few months ago - flush done - was
18	good & now hurts again —
	Rec canum unspecified - U ear mild
	bilat, TM intact —
	Debrox now
	Flush ear in AM 10/30
1245	Also clo "acid" when he eats —
	Zantac 150mg PO BID x 30 d/c 45
	(Zantac 150mg PO now)
	Recheck in 1 week to see if
	Zantac is effective
30 Oct 02	DETAINEE PRESENTS FOR BILAT EAR IRRIGAT
1332/86 B/P	TM PINK INTACT NO FURTHER TREATMENT
81 Pulse 18 Resp	

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO.

888-00-01983

F38

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

PROGRESS NOTES

DATE

(b)(2)

5 OCT 02 (S) Called to [redacted] for report of detainee passing out & falling to deck.

EU:
T: 140
R: 8
BP: 154/96

CLINIC:
P: 80
R: 18
BP: 129/67

(O) Pt. unresponsive upon arrival. HR tachycardic. Resp: 8 per min. O2 @ 15 Lpm By NRB administered for 5 minutes. CLINIC: IV of LR started. V/S stable x 5 minutes - Pt. alert, but still not speaking - even to arabic interpreter.
EYES: PERLA
ENTS: TM Visualized - ø redness / swelling.
Nose: unremarkable
Pt would not open mouth.

(A) DEHYDRATION
(P) (1) Rehydrate: IV: 2L LR
(2) 1 Meds
(3) Return to cell

(b)(3):10 USC §130b,(b)(6)

(b)(2)

14 OCT 02 1115 Psychology Note: Guard from report that pt. appear "aggressive and during bouts of struggle" despite missing 1 meal (per record). She noted that all meter may be passing food to pt. Pt. has been generally uncooperative. Plan: Medical staff may refer to if needed. Discussed c

(b)(3):10 USC §130b,(b)(6)

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
12 July 02	Pt Refused Dressing Change (b)(3):10 USC §130b,(b)(6)
13 July 02	Pt. seen in clinic for dsg D to (B) jaw s/p I&D. ∅ old dsg in place. ∅ iodoform packed in wound. wound edges healed together & dry. Wound cleaned w NS & gauze. Dry bandaid applied. Pt. sent back to cell, will [illegible] (b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST / FIRST / MI) | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)*

REGISTER NO. | WARD NO.

D-9693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-88)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.206(b)(10)

GTMO JMG 119

DATE	NOTES

FPI LEX Printed on Recycled Paper

GTMO JMG 120

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11JUL02	S: 23 yo ♂ f/u on dressing Δ to (R) mandible & also
	f/u on dysuria pt. stated (per interpreter) that
BP 138/87	he still continues to have pain urinating. pt. only drank
P 110 (irreg)	6-10 cups H2O yesterday and stated that it really
T 99.7	didn't make any difference when he drank 15-20 cups
R 18	fluids Monday & Tuesday.
	O: wd, NAD, VS noted. A & O x 3, slightly elevated temp
	& tachycardic noted
	old dressing noted c slight blood & sanguinous drainage
	circular wound approx 1/4" diameter. 1/4" deep noted
	on (R) mandibular region c bleeding, c active drainage
	c erythema, c edema noted
Procedure Note:	A: dressing Δ to (R) mandibular abscess wound
wound cleansed c sterile gauze & NSS	P: - pt. sent back to his cell
	reiterated to pt. (per interpretes) to cont.
packed c wet-dry 2x2 (sterile)	15-20 cups of H2O qd
covered c band-aid	- will get cbc/d of pt. when VA lab results comes back
pt. tolerated	- changed dressing.
procedure well.	



(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | REGISTER NO. | WARD NO.

D- 0693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-8.202-1 GSAPPC V1.00

GTMO JMG 121

GTMO JMG 122

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE — AUTHORIZED FOR LOCAL REPRODUCTION

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
JULY 02	③ c/o drsg Δ q wd care.
	④ pt brought to clinic to clean + repack
	Ⓑ mandibular I&D. old iodoform remove
	& drainage noted. wd cleaned c NS +
	about 1in of iodoform was repacked in wd.
	facial hair was removed. wd covered c
	2x2 + secured c tape.
	Ⓐ ① wd care
	② drsg Δ
	③ cleaned wd -
	repacked wd -
	cont drsg Δ's daily.
10 sug 02	⑤ 23 y/o ♂ presents to clinic c c/o dysuria c kidney &
135	Bilateral pain. states (via translator) testicles "don't feel
83	normal" to palpation, swelling of testicles switches back
70	& forth between Ⓑ & Ⓓ. This episode has been going on
(18)	for 2 weeks.
	⑨ UNWD, PMH - dysuria x 4 years, dx. 4 years ago said
	Pt had "a lot of salts" in urine and gave meds to
	reduce salts. Ø FMH of prostate cancer. Pt
	states "Sometimes I urinate a lot, Sometimes I feel like
	I have to go, but I can't." Pt admits drinking
	only 3-4 8oz cups H2O daily.

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY — STATUS — DEPART./SERVICE — RECORDS MAINTAINED AT

SPONSOR'S NAME — SSN/ID NO. — RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) — REGISTER NO. — WARD NO.

OVER →

D, Ø693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/IDMR
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(cont) Upon testicular exam, ① TTP, ② testicle normal in shape, range, epididymis intact, ③ testicle considerably smaller than ②, but normal in shape, epididymis intact. ④ c/o ↓ libido pain.

Ⓐ Testicular pain of unknown origin ± dysuria ± pyuria ± kidney stone(s).

Ⓟ Plan: ① UA c/s ⇒ sent to lab
② ↑ fluids,
③ RTC 11 July 02 @ clinic
④ returns to duty

(b)(3):10 USC §130b,(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/6/02	pt was brought to clinic for dsg Δ c
	wound care. Pt hypertensive. NAD
T 99.5	aware - BP √ again 7/7/02 c wd
P 99	care & dsg Δ. Old packing removed
BP 158/103	from pt (R) & jaw. Iodoform about
Normal 152/102	1½ in in length c noted greenish/yellow
	"goopy" purlent drainage. Abt 1½ in
	of Iodoform was replaced & NS cleaning
	of wd. Covered c Steri-Strip 2x2 &
	secured c tape. Pt dtl procedure
	well & was medicated c 1 tylenol #3
	PO for pain. F/u 7/7/02 for wd care
	& dsg Δ.
07JUL02	PT REFUSED PSC-Δ TX

(b)(3):10 USC §130b,(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

D, 4093

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPPC V1.00

GTMO JMG 126

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

5Jul02 ↓ appetite. Noted ③ feel some anxiety" ① Self-
mob control. ① SI "plan" It is against my religion"
① NE / ① AVH ② voices and the ceiling coming down.
① Sleep (broken) due to nightmares. ↓ appetite, but
forces himself to eat. Reported ↓ concentration —
② Broad affect. ① eye contact. Calm, cooperative.
Thought process linear & goal directed. Speech —
spontaneous & NAD. Mental status unchanged and
continue present tx plan. FU 7/6/02. ↓ RN notified
of ① SI.

(b)(3):10 USC §130b,(b)(6)

06Jul02
T 99.5°F
P 99
R
B/P 158/108
manual 152/102

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)		REGISTR NO.	WARD NO	

DSE 000693
DSE 000693

PROGRESS NOTES
Medical Record

STANDARD FORM 502 (REV. 8-85)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.206(b)(10)

SN-114

DATE	NOTES

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GTMO JMG 128

Personal Data - Privacy Act of 1974 (PL 93-579)
MINOR SURGERY PROCEDURE FORM

DATE: 05 JUL 13 VITALS: BP 113/66 P 52 R 20 T 98.9

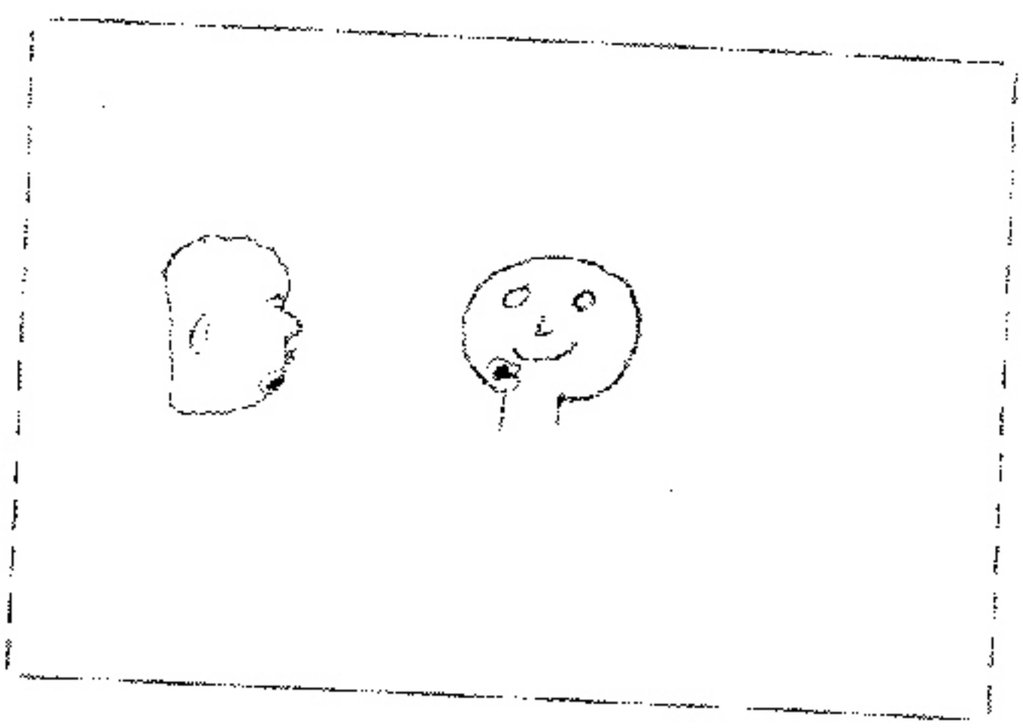
ALLERGIES: NKDA MEDICINES:

INFORMED CONSENT SIGNED: (✓)

SKIN PREP: ALCOHOL ( ) BETADINE (✓) OTHER

ANESTHESIA:
XYLOCAINE 1% (✓) 1 ccs
XYLOCAINE 1% w/epi ( ) ___ ccs
XYLOCAINE 2% ( ) ___ ccs
XYLOCAINE 2% w/epi ( ) ___ ccs

DIAGRAM SITE: (R) back



PROCEDURE:
SHAVE REMOVAL ( )
PUNCH BIOPSY ( )
ELLIPSE EXCISION ( )
OTHER (✓ excisional incision 1 x 0

INSTRUMENT: BLADE: #10 (✓) #11 ( ) #15 ( )
PUNCH: ( ) size:
CURETTE: ( ) size:

HEMOSTASIS: ALUM CHLORIDE ( ) ELECTROCOAG ( )
MONSELS ( ) OTHER (✓ Pressure

CLOSURE: Ø NYLON ( ) ___.0 VICRYL ( ) ___.0 PROLINE ( ) ___.0 CHROMIC( ) ___.0

SUTURES: Ø NUMBER ___ TYPE ___

DRESSING: STERILE NONSTICK (✓ PRESSURE (✓ Tegaderm 4"
BANDAID ( ) BACITRACIN ( )

SPECIMEN TO PATHOLOGY: IN FORMALIN ( ) NO SPECIMEN (✓

PREOP DIAGNOSIS: Epic

POST OP DIAGNOSIS: Epic

PATH F/U: none

COMPLICATIONS: NONE (✓) OTHER ( )
PATENT CONDITION AT DISCHARGE: Improved (✓ Unchanged ( )
RETURN TO CLINIC: 24H (✓) 48 ( ) Other
SUTURE REMOVAL ( ) DATE/TIME
COMMENTS:
1) Bactrim 800 mg PO BID x 10 days - 1st dose now
2) Motrin 800 mg PO TID PRN pain x 10 days
3) RTC for suture removal
4) F/U sooner for infection / fever
5) Return to clinic

MEDICAL OFFICER SIGNATURE AND STAMP

NAME: D, JT [redacted]
DOB:
SPONSOR:

EMP/SSN: [redacted]
W:
RANK:

PAYCAT:
H:
UNIT:

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 130

522-113

NSN 7540-00-634-41

MEDICAL RECORD | REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

I & D of CYST

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be [illegible]

(Description of operation or procedure in layman's language)

CYST SITE AND FLUID WILL BE DRAINED

which is to be performed by or under the direction of Dr. [illegible]

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: NONE

(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient on the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(Operating team)

(Signature of Patient)

01 Jul 02

(Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Sponsor/Legal Guardian)

(Date and Time)

PATIENT'S IDENTIFICATION *(For typed or written entries give: name - last, first, middle; grade; rank; rate; hospital or medical facility)*

REGISTER NO.

WARD NO.

DATE 000107

SIG 000107

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

STANDARD FORM 522 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

U.S. Government Printing Office: [illegible]

GTMO JMG 132

AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

07Jul02 ↓ Nurse note / Hunger Strike Plan:

0910 (S) "I'm good". States he's eating 100% of his meals (Guards/IP concur) c/o water testing bad and ↓ H_2O intake. Reports

P90 ? hx of kidney stones. ↓ c/o dysuria, mild flank pain.

(standing) HSD c/o sadness (r/t ↓ black), water pain. Denies SI. went out of his "cupboard" (cell).

(O) Standing in cell, calm & flat affect. Appropriate during interview. ↓ management problems.

(A/P) Voluntary malnutrition/dehydration, resolving
Encourage ↑ fluid intake
Dental consult for possible dental caries
Flu tomorrow.

(b)(3):10 USC §130b,(b)(6)

07Jul02 ↓ Nurse note | Hunger strike file:

0935 (S) "I'm better." Reports has eating 100% of his meals. ↓ c/o sleep difficulties c/o "anxiety r/t confinement and

P84 ? HA/dizziness). Also c/o "rash" on hands + face after eating breakfast. Believes it's the eggs (reported egg allergy in youth). ↓ rash observed presently c/o swelling to lips + eyes. ↓ c/o SOB, chest pain, syncope. c/o swelling to (R) pinkie: Scar noted (can't

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI

(b)(3):10 USC §130b,(b)(6)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex, Date of Birth; Rank/Grade)

REGISTER NO. | WARD NO.

D. JTF GTMO
SSN XXX-XX-0093

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.206(b)(10)

DATE	NOTES
(cont)	fm normal. Seen in cell for sick-call yesterday
0700	(1) other symptoms
0955	(2) Standing in unit (WNL) neutral affect. Appropriate during interview. (3) no management problems.
	(4P) voluntary medication/dehydration (resolving)
	(5) medication formulary (ITD 7/5)
	Possible egg allergy (counseled to not eat eggs @ breakfast)
	fu 7/5

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 509 (REV. 5-99) BACK

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GTMO JMG 134

01 Jul 2002 Psychiatry/Hunger Strike Management Note
1019

This detainee was seen for an initial hunger strike evaluation, his chart reviewed, and his case discussed with the treatment team (b)(3):10 USC §130b,(b)(6) He was interviewed with the help of an Arabic interpreter.

This 23 year old Yemeni male was consulted to mental health after reportedly refusing 10 consecutive meals. He stated he was refusing meals in protest of the conditions in (b)(2) and would not eat or drink until he's moved out.

During the interview on 01 July, the detainee was calm, cooperative, dressed appropriately in an orange jumpsuit with fair hygiene. He complained of anxiety with accompanying shortness of breath related to being in "tight spaces" which he's had for 4 years. R-14, P-114. He reported he was not eating and was only drinking water "once a day". Last urine output was reported as "last night". Pulse – 114 (sitting, refused to stand), R – 14, weight 161 lbs (BMI – 25).

The detainee's past medical and psychiatric history was remarkable for kidney stones (self-reported) and treatment for anxiety and "internal problems" 2 years ago. He also reported his father had a "mental disorder" but could not name or describe it. He denied previous alcohol use and admitted to tobacco and "cot" use over a year ago (narcotic stimulant). He complained of decreased duration and quality of sleep related to anxiety. Also complained of nightmares of "being in a box". No current complaints of SOB, chest pain, racing thoughts. He currently complains of suicidal ideations with no intent or plan and denies any previous ideation in the past.

MSE: Alert and oriented X 4. Described his mood as "anxious" with an neutral affect. Speech was spontaneous with a regular rate, rhythm and volume. Good eye contact was maintained with the interpreter during the interview. Insight and judgement appeared to be fair. He endorsed + SI (no plan/intent) but denied HI and AVT hallucinations. Thought process was linear and goal directed. No psychomotor retardation or agitation noted. No evidence of psychosis.

A: I. Adjustment Disorder with Anxiety
II. Passive Aggressive Personality Traits
III. Voluntary Malnutrition/Dehydration

P: Encourage food and fluid intake
Education regarding harmful effects of starvation/dehydration
Follow-up 02Jul02 for physical examination
Monitor for changes in condition and self-harming behavior
Daily follow-ups/pulse check until detainee is eating/drinking regularly for 14 days

D, JTF 000693
888-00-0693

(b)(3):10 USC §130b,(b)(6)

D, JTF 000693
888-00-0693

01 Jul 2002 Psychiatry/Hunger Strike Management Note
1019

This detainee was seen for an initial hunger strike evaluation, his chart reviewed, and his case discussed with the treatment team (b)(2) He was interviewed with the help of an Arabic interpreter.

This 23 year old Yemeni male was consulted to mental health after reportedly refusing 10 consecutive meals. He stated he was refusing meals in protest of the conditions in (b)(2) and would not eat or drink until he's moved out.

During the interview on 01 July, the detainee was calm, cooperative, dressed appropriately in an orange jumpsuit with fair hygiene. He complained of anxiety with accompanying shortness of breath related to being in "tight spaces" which he's had for 4 years. R-14, P-114. He reported he was not eating and was only drinking water "once a day". Last urine output was reported as "last night". Pulse – 114 (sitting, refused to stand), R – 14, weight 161 lbs (BMI – 25).

The detainee's past medical and psychiatric history was remarkable for kidney stones (self-reported) and treatment for anxiety and "internal problems" 2 years ago. He also reported his father had a "mental disorder" but could not name or describe it. He denied previous alcohol use and admitted to tobacco and "cot" use over a year ago (narcotic stimulant). He complained of decreased duration and quality of sleep related to anxiety. Also complained of nightmares of "being in a box". No current complaints of SOB, chest pain, racing thoughts. He currently complains of suicidal ideations with no intent or plan and denies any previous ideation in the past.

MSE: Alert and oriented X 4. Described his mood as "anxious" with an neutral affect. Speech was spontaneous with a regular rate, rhythm and volume. Good eye contact was maintained with the interpreter during the interview. Insight and judgement appeared to be fair. He endorsed + SI (no plan/intent) but denied HI and AVT hallucinations. Thought process was linear and goal directed. No psychomotor retardation or agitation noted. No evidence of psychosis.

A: I. Adjustment Disorder with Anxiety
II. Passive Aggressive Personality Traits
III. Voluntary Malnutrition/Dehydration

P: Encourage food and fluid intake
Education regarding harmful effects of starvation/dehydration
Follow-up 02Jul02 for physical examination
Monitor for changes in condition and self-harming behavior
Daily follow-ups/pulse check until detainee is eating/drinking regularly for 14 days

D, JTF 000693
888-00-0693

(b)(3):10 USC §130b,(b)(6)

D, JTF 000693
888-00-0693

Hunger and/or Thirst Strike Medical Evaluation Sheet

Date of Onset 6/25/07 Date of Evaluation 7/2/07

CC: Hunger or Thirst Strike (circle one or both as applicable)

HPI: 23 y/o ♂ refusing meals for 8 days.

+ depression. Denies SI/HI. Denies AVH/delusions. Last BM today. + Sexually active. Denies drug use. + Binging spells.

PMH: h/o Depression - ? h/o SA (last Rx'd >1 yr ago)
? h/o binging problems

MEDS: ∅

ALL: NKDA

H/O depression? Y or N
H/O Suicidal ideation? Y or N
Mood problems? Y or N
Anxiety problems? Y or N

Has any meals in the past. "Wants to die" but

Reason for Strike? Wants to move cells. Doesn't like being held to.

Physical Assessment:
Height (as recorded in inprocessing exam) 67" Inprocessing

Current Weight 161

Current BMI 25

Heart Rate ____ BP ____ RR ____ T ____ LOC A+Ox3

Other Pertinent Physical Exam Findings: Skin - WNL; Lungs - CTA(B); CV - RRR, S1S2 WNL; Abd - Bowel; Ext - Brisk; Neuro - WNL; moderate dehydration

Assessment: 1) Voluntary malnutrition ? dehydration
2) Depression D/O NOS - ∅ SI/HI other than "wanting to die" but does not have any plan.

Plan:
1. Explained risks of inadequate intake of food and/or water to patient. Risks include, but are not limited to: headache, fatigue, malaise, nausea, abdominal discomfort, muscle wasting, heart problems/cardiac dysrythmias, and death.
2. Detainee given informational handout and expressed understanding after all his questions were answered.
3. Continue follow-up as per Hunger/Thirst Strike SOP.
4. Other: 2 L INF LR - Observe mood for depression - refusal
Unable to draw Chem7, Mg, PO4 (2 multiple sticks) - Lorazepam PRN anxiety/HA

Translator: _____

Provider: _____ (b)(3):10 USC §130b,(b)(6)

151/98 101
159/117 15

886-50-0043

Inprocessing wt 172 lbs.

Hunger/Thirst Strike Medical Flow Sheet

67"

Detainee Number: 1093									
Date	Daily Standing Heart Rate	Daily Mental Status Assessment	Drinking?	Eating?	Time of last urination?	Document meals eaten per CP (B,L,D)	Weekly Weight	Weekly BMI	Comments
7/1	114	A+OX3	very little	N	"last night"	Φ	141	25	see comp
7/2	101	A+OX3	very little	Φ	yesterday	Φ	—	—	See HS 600
7/3	90	A+OX3	Little	Y	today	B,L,D	—	—	see comp
7/4	84	A+OX3	Y	Y	TODAY	D only B almost	—	—	See note
7/5	102	A+OX3	Y	Y	TODAY	B	—	—	See note
7/6	—	—	Y	Y	TODAY	B,L,D	—	—	—
7/7	100	A+OX3	Y	Y	TODAY	B,L	—	—	comp see note

GTMO JMG 140

Refusal to Accept Food or Water/Fluids As Medical Treatment

Detainee Number 686-00-0493 Age _____ Date 9/2/02

I refuse to accept food or water/fluids as medically directed by the medical officer of the day at (b)(2)

As explained to me by (b)(3):10 USC §130b,(b)(6), I fully understand the grave risks involved with not following the medical advice directing me to eat life-sustaining food and to drink water/fluids. As a direct result of my refusal to eat and/or drink, I understand that I may experience: hunger, nausea, fatigue, malaise, headaches, edema, muscle loss, abdominal pain, chest pain, cardiac dysrythmias, altered level of consciousness, and coma. I understand that my refusal to eat life-sustaining food or drink water/fluids and to follow the medical advice may cause irreparable harm to myself or lead to my death.

I understand that this is not a complete list of the risks involved with the refusal to follow medical advice and that I may experience other severe complications.

I fully understand the alternatives available to me.

I fully understand my prognosis if I do not accept food as directed above.

Patient Signature X Dt refused to sign but verbalized understanding.

Translator/Witness (b)(3):10 USC §130b,(b)(6)

Witness (b)(3):10 USC §130b,(b)(6)

Medical Provider (b)(3):10 USC §130b,(b)(6)

جسم الإنسان مكون من ٧٠ بالمئة من المياه، من غير السوائل خلايانا

تتوقف عن العمل ومن ثم تقف الأجهزة الجسمية عن العمل مما يؤدي إلى الموت.

في المناخ الحار الذي نعيش فيه الإمتناع عن الشرب (المياه وسوائل أخرى) لمدة

٢٤ - ٤٨ ساعة سوف يسبب الضرر الشديد للصحة.

لا تهمل عطشك إن العطش علامة على أن الجسم يحتاج إلى المياه.

إن التبول بكميات قليلة ولون غامق علامتان من علامات الجفاف،

مما يؤدي إلى الموت إذا أهمل بعدم الشرب لمدة أطول من إسبوع.

إن الطعام مهم جداً للجسم فهو يعمل كوقود لأجسامنا ويبقينا على قيد الحياة

وبعد الماء، لا يوجد أي شيء أكثر أهمية من الطعام.

الطعام يعطي أجسامنا الطاقة اللازمة لتبقى على النشاطات البدنية مثل

المخ، العضلات، الكبد، الكلية، الدورة الدموية، وجهاز المناعة.

القائمة التالية سوف تُطلعك على بعض أعراض الإضراب عن الطعام:

الأعراض المبدئية:

١ - الجوع
٢ - صعوبة النوم
٣ - دوخة شديدة
٤ - كسل
٥ - خسارة الوزن

Pb read & verbalized understanding

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 142

OP FORCES - FLEET HOSPITAL - ENDURING FREEDOM
Personal Data - Privacy Act of 1974 (PL 93-579)
Printed: 02 Jul 2002@1359

DIVISION: FLEET HOSPITAL 2
Automated Version of SF60

(b)(2) DETAIN (b)(3):10 USC §130b,(b)(6)
REF:
RSN: HUNGER STRIKER
Detail Codes:

02 Jul 2002 1359 ACUT 30 BHA

CMT: SM

INSURANCE YES/NO:

BP: PULSE: RESP: TEMP: 97.8 HT: WT: AGE:

ALLERGIES:

Sit 9
151
98
101

⑤ hunger striker Sdan hyc — tilt⊕

⑥ IV 20g LR to ⑥ AC Bolus 1 liter x2

(AP) 151/64 P 1st Bag of LR —

Standing
159
117/152

133/77/78 P 2nd bag of LR.

pt stated ↓ pain.

ADDITIONAL COMMENTS:

4 fluids (Encouraged H2O & food)
UA obtained
Flu tomorrow c MD.

(b)(3):10 USC §130b,(b)(6)

20/988-00-0693 D,JTF000693
18 Jun 2002 MALE
Spon: D.JTF000693
CS:
Unit:

SF600

K66
W: H:
CIC:
Rank: D:
RR:

GTMO JMG 143

OP FORCES - FLEET HOSPITAL - ENDURING FREEDOM
Personal Data - Privacy Act of 1974 (PL 93-579)
Printed: 20 Jun 2002@1439

DIVISION: FLEET HOSPITAL 2
Automated Version of SF60

(b)(2) DETAIN (b)(3):10 USC §130b,(b)(6)

20 Jun 2002 1426 EST 30 BHA

REF:
RSN: DYSURIA
Detail Codes:

CMT: JAC

INSURANCE YES/NO:

Pt SEEN IN CELL.

SP: PULSE: RESP: TEMP: HT: WT: AGE:

ALLERGIES:

S: 23 y/o ♂ c/o DYSURIA x 4 DAYS. Pt ALSO C/O ① FLANK PAIN ② BURNING & URGENCY AND PAIN @ AGD ③ N/V/D ④ PASSING STONE ⑤ FEVERS, LOW H2O INTAKE.

O: WW WD WN NAD A: ox3 ABC's INTACT.
① TESTICULAR TENDERNESS
② AGD TENDERNESS, RIGIDITY OF
③ TIP TO ④ FLANK.

A: DYSURIA x 2" TENDERNESS, SUBTERMINE

P: ① ~~MS~~ NAPROXEN 500 MG PO BID x 2 weeks
② UP TO BE COLLECTED TOMORROW
③ F/U PVA RESULTS

ADDITIONAL COMMENTS:

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

7/1/02 UA ⊖.

(b)(3):10 USC §130b,(b)(6)

20/888-00-0693 D,JTF000693
18 Jun 2002 MALE
Spon: D,JTF000693
CS:
Unit:

K65
W: H:
CIC:
Rank: D:
RR:

SF600

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each page)*
6/19/02	JTF –160, Medical Department, Guantanamo Bay, Cuba 09593

INPROCESSING LABORATORY STUDY FOLLOW-UP:

Hep A NP

Hep B s Ag NP

HIV NP

Malaria smears

Hep C NP

Hep B s Ab (+)

Hep B core Ab (+)

G6PD

Other Labs, if applicable:

CBC
WBC =
Hb =
HCT =
PLT =

LFTs
ALT =
AST =
TBILI =
LDH =
GGT =

CHEM 7
Na =
K =
Cl =
HCO3 =
BUN =
Cr =
Glucose =

Others?

Actions Needed to further evaluate this detainee:

1. Consultation to _____ per Dr _____.
2. Repeat/further laboratory studies
3. Precaution labels placed on chart for G6 PD deficient detainees
4. No further evaluation or treatment needed.

Signature: (b)(3):10 USC §130b,(b)(6)

(Medical Officer)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*
NAME:
SSN: 575-00-0693
STATUS:
DOB:

Typed Facsimile Set of STANDARD FORM 600

MEDICAL RECORD — REPORT OF MEDICAL EXAMINATION

DATE OF EXAM: 6/18/02

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. IDENTIFICATION NUMBER	3. GRADE AND COMPONENT OR POSITION
888-00-0693	588-00-0693	

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)

5. EMERGENCY CONTACT (Name and address of contact)

6. DATE OF BIRTH	7. AGE	8. SEX	9. RELATIONSHIP OF CONTACT
Aug 79	23	☐ FEMALE ☑ MALE	

10. PLACE OF BIRTH: YEMEN / ADEN

11. RACE: ☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER

12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY	b. CIVILIAN

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS

(b)(2)

15. RATING OR SPECIALTY OF EXAMINER: FP

16. PURPOSE OF EXAMINATION: Detainment

17. CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	A. HEAD, FACE, NECK AND SCALP	
	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	
	C. DRUMS (Perforation)	
	D. NOSE	
	E. SINUSES	
	F. MOUTH AND THROAT	
	G. EYES - GENERAL (Visual acuity and refraction under items 26, 29, and 30)	
	H. OPTHALMOSCOPIC	
	I. PUPILS (Equality and reaction)	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)	
	K. LUNGS AND CHEST	
	L. HEART (Thrust, size, rhythm, sounds)	
	M. VASCULAR SYSTEM (Varicosities, etc.)	
	N. ABDOMEN AND VISCERA (Include hernia)	

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
(b)(3):10 USC	O. PROSTATE (Over 40 or clinically indicated)	
	P. TESTICULAR	
	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
	R. ENDOCRINE SYSTEM	
	S. G-U SYSTEM	
	T. UPPER EXTREMITIES (Strength, range of motion)	
	U. FEET	
	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	W. SPINE, OTHER MUSCULOSKELETAL	
	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	Y. SKIN, LYMPHATICS	
	Z. NEUROLOGIC (Equilibrium tests under item 41)	
	AA. PSYCHIATRIC (Specify any personality deviation)	
(b)(3):10 USC §130b,(b)(5)	BB. BREASTS	
	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

NAD SI

X scar ⓑ scapula, multiple scarring scalp ⓒ superficial abrasion ⓓ p-nail ⓔ hypertrophies ⓕ chest

ⓖ tenderness mid-epigastrium, ⓗ rebound, ⓘ guarding

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth (examples: 3 / 1 2 3 / 32 31 30 / 0) — Non-restorable Teeth (examples: / / 3 / 1 2 / 32 31 30 / /) — Missing Teeth (examples: X / 1 2 3 / 32 31 30 / X) — Replaced by Dentures (examples: X X X / 1 2 3 / 32 31 30 / X X X) — Fixed Partial Dentures (examples: 1 X 1 / 1 2 3 / 32 31 30 / / X 1)

RIGHT																LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
														O	O	
				O											X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

(b)(3):10 USC §130b,(b)(6)

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY

(2) URINE ALBUMIN — (4) MICROSCOPIC

(3) URINE SUGAR

B. CHEST X-RAY OR PPD (Place, date, film number and result): NAD

C. SYPHILIS SEROLOGY (Specify test used and results)

D. EKG

E. BLOOD TYPE AND Rh FACTOR

F. OTHER TESTS

NSN 7540-00-634-4038
88-126
Designed using PerForm Pro, WHS/DIOR, Jan 97

STANDARD FORM 88 (Rev. 12-94) (EG)
Prescribed by GSA/OMR FIRMR (41 CFR) 201-8.202-1

GTMO JMG 146

NAME | IDENTIFICATION NUMBER | NO. OF SHEETS ATTACHED

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
60	132	black	brown	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	99.4

26. BLOOD PRESSURE *(Arm at heart level)*

A. SITTING	SYS. 141	B. RECUMBENT	SYS.	C. STANDING (5 mins.)	SYS.
	DIAS. 79		DIAS.		DIAS.

27. PULSE *(Arm at heart level)*

A. SITTING	B. RECUMBENT	C. STANDING (3 mins)	D. AFTER EXERCISE	E. 2 MINS. AFTER
81				

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION	
RIGHT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

31. HETEROPHORIA *(Specify distance)*

ESO | EXO | R.H. | L.H. | PRISM DIV. | PRISM CONV. CT | PC | PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
35. FIELD OF VISION		36. NIGHT VISION *(Test used and score)*	37. RED LENS TEST	38. INTRAOCULAR TENSION
RIGHT	LEFT			RIGHT LEFT

39. HEARING

RIGHT W/V /15SV /15

LEFT W/V /15SV /15

40. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT								
LEFT								

41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*

42. NOTES *(Continued)* AND SIGNIFICANT OR INTERVAL HISTORY

PMH: Kidney stones, ulcer — hx of bowel obst — hx of MVA — hlo dysuria now

PSH: ∅ still c pain

BMI: 27

Meds: (b)(3):10 USC §130b (b)(6) — In Russian — bowel & bladder — any medications

Allergies: NKDA

Recent tobacco/drug use: cig

ID Screening Questions:

Cough? Y or N
Duration of cough?
Productive cough? Y or N
Hemoptysis? Y or N
Fever? Y or N Duration?
Night Sweats? Y or N
Diarrhea? Y or N Bloody? Y or N
Rash? Y or N

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

1) hlo PUD
2) hlo Nephrolithiasis & c/o dysuria

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

- UA
- Urine culture 150 @ bed

45A. PHYSICAL PROFILE

P	U	L	H	E	S

45B. PHYSICAL CATEGORY

A	B	C	E

46. EXAMINEE *(Check)*

A. ☒ IS QUALIFIED FOR Deployment

B. ☐ IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF EXAMINING PHYSICIAN (b)(4),(b)(6)

SIGNATURE (b)(3):10 USC §130b,(b)(6)

49. TYPED OR PRINTED NAME OF [illegible]

SIGNATURE

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

STANDARD FORM 88 (Rev. 10-94) BACK

868-00-0673

GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505

HEALTH RECORD — DENTAL

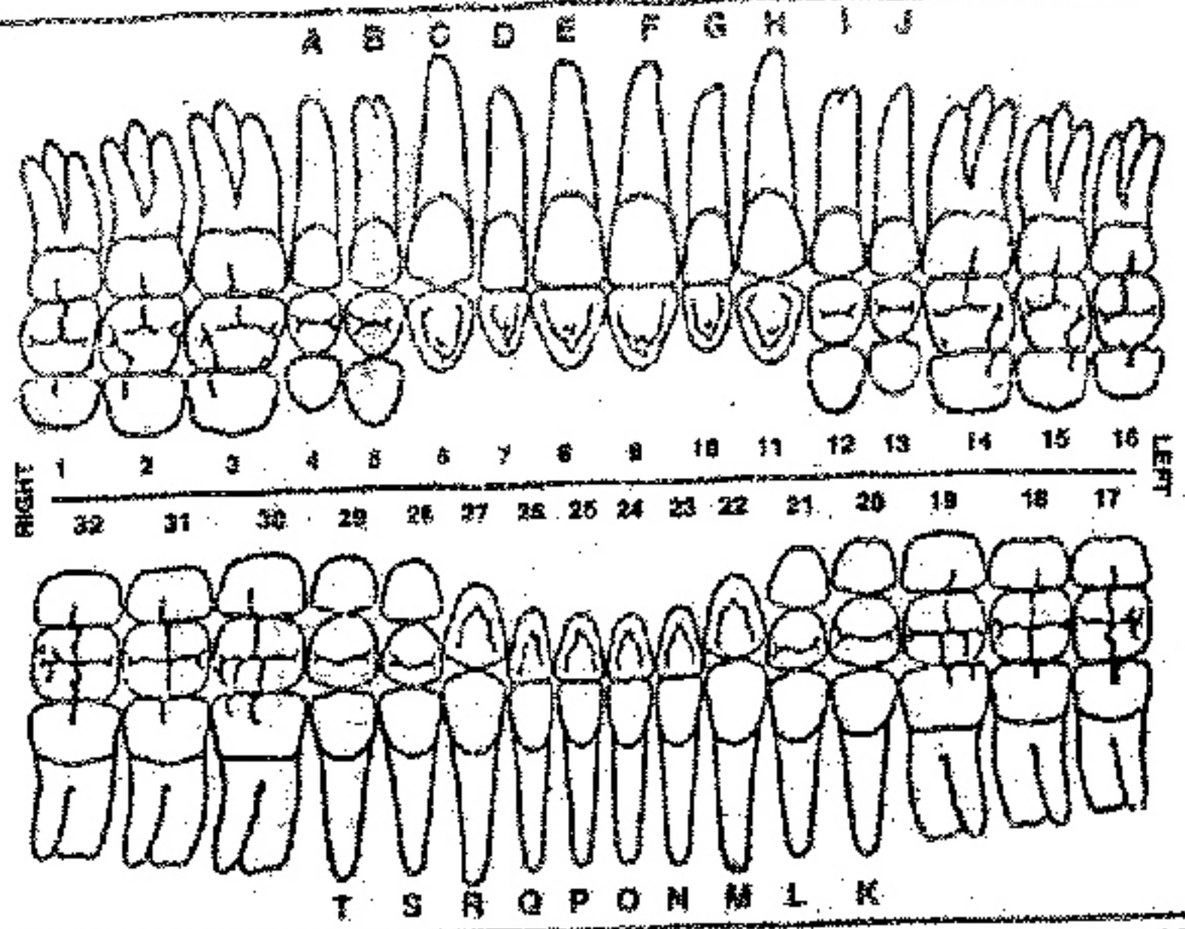
SECTION I. PRESENTING DENTAL STATUS

1. PURPOSE OF EXAMINATION — [ ] INITIAL [ ] SEPARATION [ ] OTHER (Specify)

2. TYPE OF EXAM. [1] [2] [3] [4]

3. DENTAL CLASSIFICATION [1] [2] [3] [4]

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES



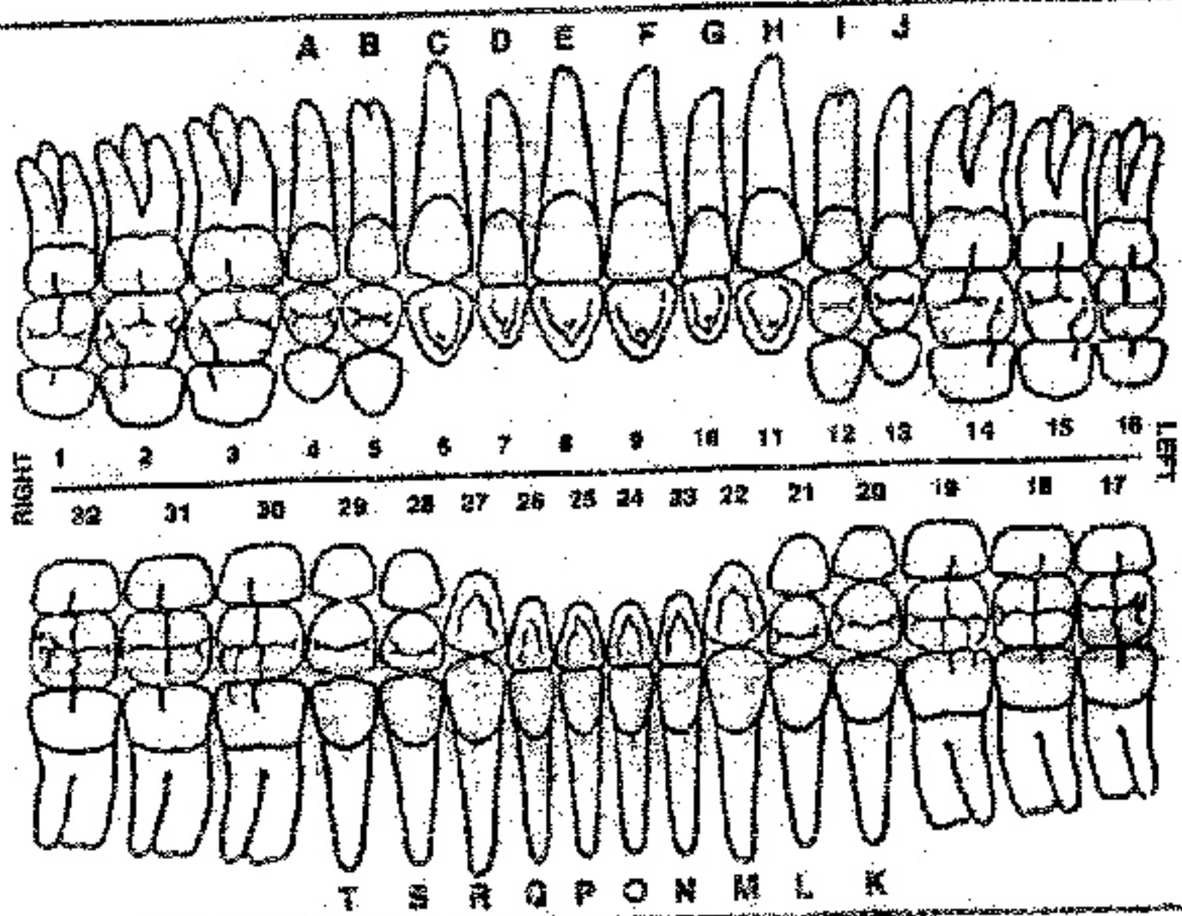
REMARKS

USE ONLY IF DIFFERENT FROM BOX 7 BELOW

PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES AND ABNORMALITIES



REMARKS

7. EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST

6. INDICATE X-RAYS USED IN THIS EXAMINATION

[ ] PANORAMIC RADIOGRAPHS [ ] FULL MOUTH PERIAPICAL [ ] POSTERIOR BITE-WINGS [ ] OTHER: [ ] NONE TAKEN

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial) | SEX

DATE OF BIRTH | RELATIONSHIP TO SPONSOR | COMPONENT/STATUS | DEPART/SERVICE

SPONSOR'S NAME | RANK/GRADE

SSN OR IDENTIFICATION NO. 888-00-0693 | ORGANIZATION

EXCEPTION TO SF 603
APPROVED BY GSA/RMS 1 91

DENTAL
Standard Form 603
(Rev. 10-75)

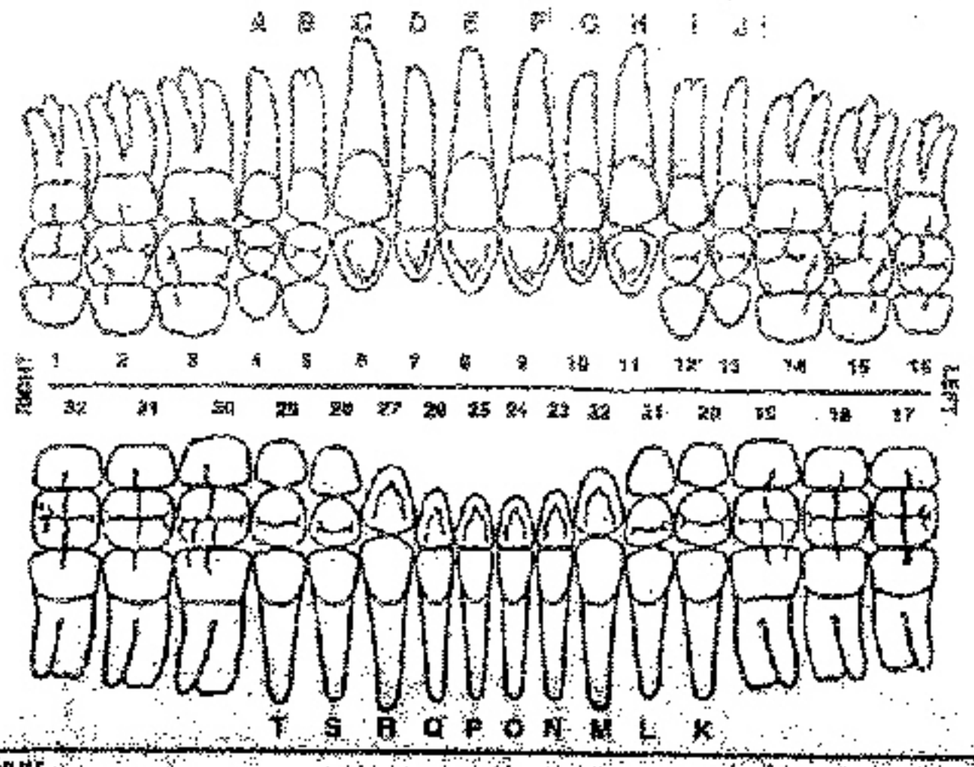
S/N 0105-12-011-9300

GTMO JMG 148

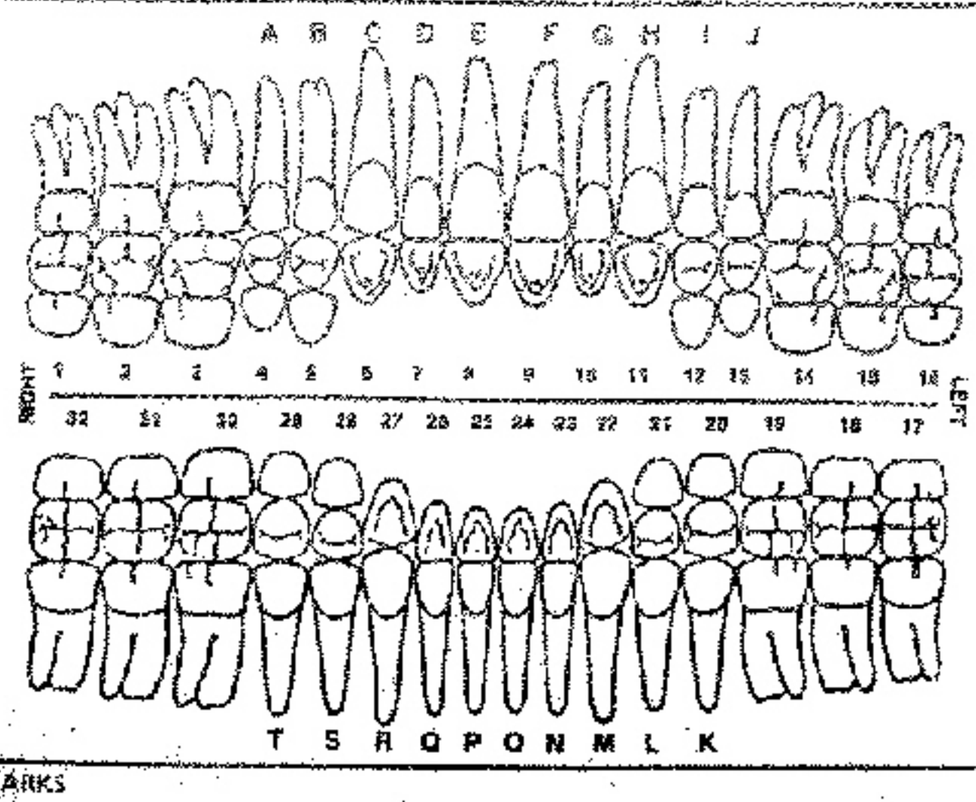
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY *See orders first*	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																							
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
		DATE																							
		TIME																							
		DOSE																							
		INIT.																							

NAVMED 6650/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH December YEAR 2003 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	14	15	16	17	18	19	20
13Dec03	Azithromycin 250mg PO qd	0600	(b)(3):10 USC §130b,(b)(6)						
16Dec03	Azithromycin 500mg (2 tabs) PO qd	0600				(b)(3):10 USC §130b,(b)(6)			
16Dec03 end 21Dec03	Azithromycin 250mg po qd	0600							
16Dec03 end 13Jan04	Azithromycin 250mg PO qd x30dys	0600							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)					
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH:

BJTF 00 0693

SSG-0 0693

(b)(2)

Injection Site Code

1=left buttock 2=right buttock
3=left deltoid 4=right deltoid
5=left leg 6=right leg
7=left arm 8=right arm
9=abdomen

MEDICATION ADMINISTRAT CORD (BACK) S/N 0105-LF-216-5501

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY ***See orders first***	DOSES GIVEN-***SEE MO ORDERS FIRST FOR CONTRAINDICATIONS***																							
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																							
		TIME																							
		DOSE																							
		INIT.																							
		DATE																							
		TIME																							
		DOSE																							
		INIT.																							

~~Expired~~
20Dec02 DR

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-6581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH December YEAR 2002 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	21	22	23	24	25	26	27
20Dec02	Azithromycin 250mg	0600							
Exp 25Dec02	po qd x 30 days								

(b)(3):10 USC §130b,(b)(6)

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE

INITIAL CODE

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH:

DJTF 80 693

ASS-80 - 0693

(b)(2)

Injection Site Code

1=left buttock	2=right buttock
3=left deltoid	4=right deltoid
5=left leg	6=right leg
7=left arm	8=right arm
9=abdumen	

MEDICATION ADMINISTRATI...D (BACK) S/M 0105-LF-216-5561

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INI

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY *See orders first*	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	MYLANTA 15-30ML. PO Q 4HR PRN (heartburn, indigestion)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

(b)(3):10 USC §130b,(b)(6)

NAVMED 6150/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH Dec | Jan YEAR 02 | 03 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY – ROUTE OF ADMINISTRATION	HOURS	29	29	30	31	1	2	3
20 Dec 02	Azithromycin 250mg 0600 PO QD x 30 days last dose 01/19/03	0600							

(b)(3):10 USC §130b,(b)(6)

INITIAL CODE

(b)(3):10 USC §130b,(b)(6)

TITLE

ADDRESSOGRAPH:

DATE 09 0693

BSM-80 - 0693

(b)(2)

Injection Site Code

1=left buttock 2=right buttock
3=left deltoid 4=right deltoid
5=left leg 6=right leg
7=left arm 8=right arm
9=abdomen

GTMO JMG 155

MEDICATION ADMINISTRATIC ..D (BACK) S/N 0105-LF-216-5531

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ONCE R DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY *See orders first*	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE TIME DOSE INIT.
	MYLANTA 15-30M PO Q 4HR PRN (heartburn, indigestion)	DATE TIME DOSE INIT.
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE TIME DOSE INIT.
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE TIME DOSE INIT.
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE TIME DOSE INIT.
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE TIME DOSE INIT.
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581 Travis Key (b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH Jan YEAR 2003 DATES: 4-10

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4	5	6	7	8	9	10
12/20	Azithromycin 250mg PO QD x30d (allergies)	0600	(b)(3):10 USC §130b,(b)(6)						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)			

ADDRESSOGRAPH:

DJTF00 0693

886-60- 0693

(b)(2)

Injection Site Code

1=left buttock	2=right buttock
3=left deltoid	4=right deltoid
5=left leg	6=right leg
7=left arm	8=right arm
9=abdomen	

GTMO JMG 157

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0109-LF-216-5591

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY *See orders first*	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																					
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																					
		TIME																					
		DOSE																					
		INIT.																					
		DATE																					
		TIME																					
		DOSE																					
		INIT.																					

(b)(3):10 USC §130b,(b)(6)

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH JAN YEAR 2003 DATES: 11 12 13 14 15 16 17

(b)(3):10 USC §130b,(b)(6)

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS
12/20/02	Azithromycin 250mg PO QD x 30 tabs 01/16/03	0800

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH:

DJTF 80 6693

188-80 - 6693

(b)(2)

Injection Site Code

1=left buttock	2=right buttock
3=left deltoid	4=right deltoid
5=left leg	6=right leg
7=left arm	8=right arm

9=abdomen

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-218-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-***SEE MO ORDERS FIRST FOR CONTRAINDICATIONS***

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY ***See orders first***																	
	Tylenol 650mg or 500	DATE																
	Mg PO Q4-6HR PRN	TIME																
	(minor aches, pains,	DOSE																
	HA)	INIT.																
	MYLANTA 15-30ML	DATE																
	PO Q 4HR PRN	TIME																
	(heartburn, indigestion)	DOSE																
		INIT.																
	Benadryl 25-50mg PO	DATE																
	Q 6hr PRN	TIME																
	(rhinorrhea,sneezing,	DOSE																
	Watery eyes,itchy rash)	INIT.																
	Motrin 400-800mg PO	DATE																
	TID PRN (moderate	TIME																
	pain, headache)	DOSE																
		INIT.																
	Tinactin(tolnaftate) 1%	DATE																
	Cream topical AAA	TIME																
	BID x 2 wks (athlete's	DOSE																
	foot, jock itch)	INIT.																
	Sudafed 30-60mg PO	DATE																
	QID PRN (nasal	TIME																
	congestion)	DOSE																
		INIT.																
	Cepacol Lozenges	DATE																
	1 PO q 4-6 HR PRN	TIME																
	Sore Throat	DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH JAN YEAR 2003 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	10	19	20	21	22	23	24
12/23/02	Azithromycin 250mg PO QD x 30 days	0600	(b)(3):10 USC §130b,(b)(6)						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH:

D,YTF 00 0693

856-0 0693

(b)(2)

Injection Site Code

1=left buttock 2=right buttock
3=left deltoid 4=right deltoid
5=left leg 6=right leg
7=left arm 8=right arm
9=abdomen

ALUMINATION BLOCKED (BACK) [illegible]

SINGLE ORDERS - NOT COOPERATIVE

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS

MEDICATIONS/ROUTE OF ADMINISTRATION/FREQUENCY See orders first	
1/27 Xylocaine 65[illegible] 2 gtt PO Mg PRN [illegible] (upper aches, pains, HA)	DATE TIME DOSE INIT
MYLANTA 5-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE TIME DOSE INIT
Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea sneezing, Watery eyes, itchy rash)	DATE TIME DOSE INIT
Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE TIME DOSE INIT
Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE TIME DOSE INIT
Sudafed 30-60mg PO Q1D PRN nasal congestion)	DATE TIME DOSE INIT
Cepacol Lozenges PO q 1-2 HR PRN Sore throat	DATE TIME DOSE INIT
	DATE TIME DOSE INIT

GTMO JMG 162

ALLERGIES: [redacted] (b)(3):10 USC §130b,(b)(6)

TRANSCRIBED:

VERIFIED:

YEAR 2005

DATE	SCHEDULED MED	TIME
4/27	PRN'S	

SIGNATURES

(b)(3):10 USC §130b,(b)(6)

(b)(2)

D,JTF 01 01492

MEDICATION ADMINISTRATION ... (BACK) S/N 0105 LF-216-5581

... DRUGS - PRE-OPERATIVE

MEDICATION / DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN TIME	INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN TIME	INIT

PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | |

[redacted]

VERIFIED:

DATE	SCHEDULED MED	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
15	Z-pak 3 tabs x 1	0600	X	X	X	X	X	[redacted]	X	X																							
15	Zyrtec 10mg PO daily	0600	X	X	X	X	X	[redacted]	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	25																																
15	Allegra 180mg PO qd x 1 month	0600						X																									
											5D 8P																						

SIGNATURES

| [redacted] | [redacted] | [redacted] |

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0108-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
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		DATE																
		TIME																
		DOSE																
		INIT.																

ALLERGIES NKDA

TRANSCRIBED: [redacted]

VERIFIED:

MEDICATION ADMINISTRATION RECORD

MONTH Jan / Feb

YEAR 2003

DATE	SCHEDULED MED	TIME	24	25	26	27	28	29	30	31 (Jan)	1 (Feb)	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
DC Jan 03	ALLEGRA 180mg	0600															X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	PO QD X 1 MONTH	1000																															

SIGNATURES

[redacted]

D,JTF 00 0693
888-0 0193

[redacted]

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0108-LF-216-8551

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*
	Tylenol 650mg o/ 500 Mg PO Q4-6HR PRN (minor aches, pains. HA)	DATE TIME DOSE INIT.
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE TIME DOSE INIT.
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE TIME DOSE INIT.
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE TIME DOSE INIT.
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE TIME DOSE INIT.
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE TIME DOSE INIT.
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE TIME DOSE INIT.
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE TIME DOSE INIT.
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE TIME DOSE INIT
	Selsun Shampoo 30cc, apply to hair x times a week and rinse	DATE TIME DOSE INIT.
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.

ALLERGIES

TRANSCRIBED: [redacted]

VERIFIED:

MEDICATION ADMINISTRATION RECORD

MONTH Oct-Nov

YEAR 2003

DATE	SCHEDULED MED	TIME	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10
10/10	Cortisporin ii gtts	0600	[redacted]																														
	AS TID x10D	1800																															
		2200																															

SIGNATURES

[redacted]

D,JTF 00

888-0 - 693

[redacted]

GTMO JMG 169

Sick Call Flow Sheet

Date/ Time	Comments			Initials
25 FEB 04	X No complaints	☐ Sick call refusal	☐ See chart	(b)(3):10 USC §130b,(b)(6)
28 FEB 04	X No complaints	☐ Sick call refusal	☐ See chart	
3.1.04	☐ No complaints	☐ Sick call refusal	X See chart	
3.5.04	☐ No complaints	☐ Sick call refusal	X See chart	
	☐ No complaints	☐ Sick call refusal	☐

GTMO JMG 171

(b)(3):10 USC §130b,(b)(6)

Verified 29 Nov 02

(b)(3):10 USC §130b,(b)(6)

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH NOV YEAR 2002 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	14	15	16	17	18	19	20
10/29	ZANTAC 150mg PO	0900	(b)(3):10 USC §130b,(b)(6)						
End 29 Nov 02	BID x 30 days	(0900/2100)							

(b)(3):10 USC §130b,(b)(6)

DURESSOGRAPH:

JTF 80 0643

HO - 0643

(b)(2)

Injection Site Code

1=left buttock	2=right buttock
3=left deltoid	4=right deltoid
5=left leg	6=right leg
7=left arm	8=right arm
9=abdomen	

GTMO JMG 172

MEDICATION ADMINISTRATION (BACK) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY ***See orders first***	DOSES GIVEN-***SEE MO ORDERS FIRST FOR CONTRAINDICATIONS***
	Tylenol 650mg or 500	DATE
	Mg PO Q4-6HR PRN	TIME
	(minor aches, pains,	DOSE
	HA)	INIT.
	MYLANTA 15-30ML	DATE
	PO Q 4HR PRN	TIME
	(heartburn, indigestion)	DOSE
		INIT.
	Benadryl 25-50mg PO	DATE
	Q 6hr PRN	TIME
	(rhinorrhea,sneezing,	DOSE
	Watery eyes,itchy rash)	INIT.
	Motrin 400-800mg PO	DATE
	TID PRN (moderate	TIME
	pain, headache)	DOSE
		INIT.
	Tinactin(tolnaftate) 1%	DATE
	Cream topical AAA	TIME
	BID x 2 wks (athlete's	DOSE
	foot, jock itch)	INIT.
	Sudafed 30-60mg PO	DATE
	QID PRN (nasal	TIME
	congestion)	DOSE
		INIT.
	Cepacol Lozenges	DATE
	1 PO q 4-6 HR PRN	TIME
	Sore Throat	DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.

(b)(3):10 USC §130b,(b)(6)

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH Nov YEAR 2003 DATES: 7-13

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	11/7	11/8	11/9	11/10	11/11	11/12	11/13
11/29/2003	Zantac 150mg PO BID x 30 days (D/C 11/29)	0400 2000	(b)(3):10 USC §130b,(b)(6)						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(2),(b)(6)					

ADDRESSOGRAPH:

DJTF 08 - 0693

888-88 - 0693

(b)(2)

Injection Site Code

1=left buttock	2=right buttock
3=left deltoid	4=right deltoid
5=left leg	6=right leg
7=left arm	8=right arm
9=abdomen	

MEDICATION ADMINISTRATION RE[illegible] (BACK) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY *See orders first*	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-800mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
		TIME																	
		DOSE																	
		INIT.																	

(b)(3):10 USC §130b,(b)(6)

MED 6550/8 (REV. 4-74) S/N 6-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH Oct 19 2007 DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS							

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	(b)(3):10 USC §130b (b)	MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
2L LR IV	10/18	1100					

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
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		TIME																
		DOSE																
		INIT.																

MEDICAL RECORD — MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH Oct/Nov 19 2002

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	DATES GIVEN 10/31 11/1 11/2 11/3 11/4 11/5
10/29	Zantac 150mg PO BIDx 30d	0400	(b)(3):10 USC §130b,(b)(6)
		2000	

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH PLATE

DJTF 00 0693
886-00-0693

(b)(2)

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

WARD N

SINGLE DOSE
PRE-OP PAK
VARIABLE
DOSE ORDERS
SEE REVERSE

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION		DOSES GIVEN
		DATE	
		TIME	
		DOSE	
		INIT.	
		DATE	
		TIME	
		DOSE	
		INIT.	
		DATE	
		TIME	
		DOSE	
		INIT.	
		DATE	
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		INIT.	
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		TIME	
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		DATE	
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		DOSE	
		INIT.	
		DATE	
		TIME	
		DOSE	
		INIT.	

GTMO JMG 179

MEDICATION ADMINISTRATI[illegible]D (BACK) S/N 0105-LF-216-3581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY *See orders first*																
	Tylenol 650mg or 500	DATE															
	Mg PO Q4-6HR PRN	TIME															
	(minor aches, pains,	DOSE															
	HA)	INIT.															
	MYLANTA 15-30ML	DATE															
	PO Q 4HR PRN	TIME															
	(heartburn, indigestion)	DOSE															
		INIT.															
	Benadryl 25-50mg PO	DATE															
	Q 6hr PRN	TIME															
	(rhinorrhea,sneezing,	DOSE															
	Watery eyes,itchy rash)	INIT.															
	Motrin 400-800mg PO	DATE															
	TID PRN (moderate	TIME															
	pain, headache)	DOSE															
		INIT.															
	Tinactin(tolnaftate) 1%	DATE															
	Cream topical AAA	TIME															
	BID x 2 wks (athlete's	DOSE															
	foot, jock itch)	INIT.															
	Sudafed 30-60mg PO	DATE															
	QID PRN (nasal	TIME															
	congestion)	DOSE															
		INIT.															
	Cepacol Lozenges	DATE															
	1 PO q 4-6 HR PRN	TIME															
	Sore Throat	DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-216-5581 Trans by: (b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH Nov - Dec YEAR 2002 DATES: 28-04

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	28	29	30	01	02	03	04
10/29	Zantac 150mg PO BID x 30d (ok 11/29)	0400	(b)(3):10 USC §130b,(b)(6)						
		2000							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH:

JTF 00 a 693

8-0 0 - 0693

(b)(2)

Injection Site Code

1=left buttock 2=right buttock
3=left deltoid 4=right deltoid
5=left leg 6=right leg
7=left arm 8=right arm
9=abdomen

GTMO JMG 181

(b)(3):10 USC §130b,(b)(6)

NAVMED 6550/8 (REV. 4-74) S/N 0[illegible]-216-5581

Transcribed

MEDICAL RECORD | **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS

MONTH July 19 2002 DATES GIVEN 7/3 – 7/9

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	7/3	7/4	7/5	7/6	7/7	7/8	7/9
6/18	Zantac 150mg PO BID	0800	(b)(3):10 USC §130b,(b)(6)						
		1800							
7/5	Dicloxacillin 250mg	0800	X	X	X				
	1 PO Q10 x 10 Days	1200	X	X					
	(DC 7/14 pm)	1800	X	X					
		2200	X	X					

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

INITIAL CODE

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH PLATE

D, JTF GD 0693

888-00-0693

(b)(2)

WARD NO.

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

SINGLE DOSE, PAR - OF PAN
N VARIABLE DOSE ORDERS SEE REVERSE

GTMO JMG 182

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION - DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN															
7/5	Motrin 800mg	DATE															
	T PO TID PRN	TIME															
	PAIN X 10 DAYS	DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
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NAVMED 6550/B (REV. 4-74) S/N 0105-LF-[illegible]-5581

ADMINISTERED BY

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH JUNE 19 [illegible]2 DATES GIVEN

ORDER DATE	MEDICATION - DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	HOURS	6/26	6/27	6/28	6/29	6/30	7/1	7/2
6/18/02	zantac 150mg PO BID	0600	(b)(3):10 USC §130b,(b)(6)					(b)(3):10 USC	
		1800							
6/20/02	Naproxen 500mg PO BD X 7 DAY	0600	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC					
		1800							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH PLATE

(b)(2)

DJTF 000[illegible]
888-00-[illegible]

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

WARD NO.

SINGLE DOSE, PRE-OP AND VARIABLE DOSE ORDERS

GTMO JMG 184

ADMINISTRATION RECORD (Back) S/N 0105-LF-215-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
		DATE																
		TIME																
		DOSE																
		INIT.																
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NAVMED 6558/8 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH June YEAR 2002 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	19	20	21	22	23	24	25
6/18/02	Zantac 150mg PO bid	0600 1900	(b)(3):10 USC §130b,(b)(6)						
ACTIVE	NAPROXEN 500 mg PO x 7 DAYS	0600 1900	(b)(3):10 USC §130b,(b)(6)						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH:

DJTF DVD

SSN-ID - 0693

(b)(2)

INJECTION SITE CODE

1=LEFT BUTTOCK	2=RIGHT BUTTOCK
3=LEFT DELTOID	4=RIGHT DELTOID
5=LEFT LEG	6=RIGHT LEG
7=LEFT ARM	8=RIGHT ARM

MEDICATION ADMINISTRATION RECORD (BACK) SIN 0156-LF-016-5361

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
MEFLOQUINE 750MG PO NOW	6/15	1953	(b)(3):10 USC §130b,(b)(6)				
MEFLOQUINE 500MG PO IN 12HR	6/16	0600					
ALBENDAZOLE 400MG PO ONCE	6/18	1953					

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
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		DATE
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		INIT.

(b)(3):10 USC §130b,(b)(6)

NAVMED 6550/3 (REV. 4-74) S/N 0105-LF-216-5581

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH NOV YEAR 2002 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	21	22	23	24	25	26	27
10/29	ZANTAC, 150mg PO	0400							
end 29 NOV	BID x 30 days (@ 11/29)	2000							

(b)(3):10 USC §130b,(b)(6)

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE

INITIAL CODE

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH

DJIF 000 693

355-40-0693

(b)(2)

Injection Site Code:

1=left buttock	2=right buttock
3=left deltoid	4=right deltoid
5=left leg	6=right leg
7=left arm	8=right arm
9=abdomen	

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY ***See orders first***	DOSES GIVEN-***SEE MO ORDERS FIRST FOR CONTRAINDICATIONS***																	
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

PRIMAQUINE MEDIC[illegible] ADMINSTRATION FORM

		DATES:	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10	DAY 11
Medication and Dose	PRIMAQUINE 26.3 mg 2TABS												
Frequency	PO QD X 14 DAYS	Date	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30
		Dose	2Tabs	2Tabs		2Tabs	2Tabs	2Tabs		2Tabs	2Tabs	2Tabs	
		Initials	(b)(3):10 USC §130b,(b)(6)										
Medication and Dose	PRIMAQUINE 26.3 mg 2TABS		DAY 12	DAY 13	DAY14								
Frequency	PO QD X 14 DAYS	Date	10/31	11/1									
		Dose	2Tabs	2Tabs									
		Initials	(b)(3):10 USC §130b,(b)(6)										
Medication and Dose													
Frequency		Date											
		Dose											
		Initials											
Medication and Dose													
Frequency		Date											
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Medication and Dose													
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		Dose											
		Initials											
DETAINEE NAME	D.JTF000 693							**CELL NUMBER**					
								(b)(2)					
I.D. NUMBER	888-00-0693												

DECLASSIFIED

NAVMED 6550/8 (REV. 4-79) S/N 010- 215-5581 Transcribed by (b)(3):10 USC on 4 July 06

MEDICAL RECORD | MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH July 19 20th

ORDER DATE	MEDICATION - DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	HOURS	DATES GIVEN 14 15 16 17 18 19 20
6/18	Zantac 150mg PO BID	0600	(b)(3):10 USC §130b,(b)(6)
		1800	
7/5	Diclofacillin 250mg	0600	(b)(3):10 USC §130b,(b)(6)
	PO QID X 10 DAYS	1200	
		1800	(b)(3):10 USC §130b,(b)(6)
		2200	

INITIAL CODE

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH PLATE

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

WARD NO.

SINGLE DOSE, PKG. OF FOUR & VARIABLE DOSE ORDERS SEE REVERSE

888-00-0193

(b)(2)

GTMO JMG 192

MEDICATION ADMINISTRA[illegible]ack) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
7/5	morphine 8dd mg I PO TID PRN PRN X 10 DAYS	DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
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NAVMED 6550/8 (REV. 4-74) S/N 0

Transcribed by (b)(3):10 USC

MEDICAL RECORD — MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH JULY -13 2002

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	DATES GIVEN 17	18	19	20	21	22	23
6/18	Zantac 150mg PO BID	0800							
		1800							

(b)(3):10 USC §130b,(b)(6)

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE

(b)(3):10 USC §130b,(b)(6)

ADDRESSOGRAPH PLATE

888-80-0693

* = Unknown

WARD NO.

Injection Site Code

① = Left Buttock ⑥ = Left Leg
② = Right Buttock ⑦ = Right Leg
③ = Left Deltoid ⑧ = Left Arm
④ = Right Deltoid ⑨ = Right Arm
⑤ = Abdomen

SINGLE DOSE, PRE-OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

(b)(2)

GTMO JMG 194

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN
7/5	Motrin 800mg +	DATE
	PO TID PRN	TIME
	Pain x 10days	DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.

GTMO JMG 195

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-006-5581

MEDICAL RECORD — MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH July YR 2006

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	DATES GIVEN 31	1	2	3	4		
6/16	Zantac 150mg Po	0600	(b)(3):10 USC §130b,(b)(6)						
	BID	1900							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
		(b)(3):10 USC §130b,(b)(6)			
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH PLATE

Injection Site Code

① = Left Buttock ⑥ = Left Leg
② = Right Buttock ⑧ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑤ = Right Arm
⑨ = Abdomen

WARD NO.

SINGLE DOSE, PRN OR PRN & VARIABLE DOSE ORDERS SEE REVERSE

JHF 000693

BIC-000693

(b)(2)

(b)(2)

GTMO JMG 196

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

GTMO JMG 197

NAVMED 6550/8 (REV. 4-74) S/N 0105-LF-215-6581

Removed by (b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH July YEAR 2002 DATES:

ORDER DATE	MEDICATION – DOSAGE – FREQUENCY ROUTE OF ADMINISTRATION	HOURS	24	25	26	27	28	29	30
6/18	Zantac 150mg PO BID	0600	(b)(3):10 USC §130b,(b)(6)						
		1800							

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)			

INITIAL CODE

ROENTGENOGRAPH:

DTF 000693

888-000693

(b)(2)

Injection Site Code

1 = Left Buttock	5 = Left Leg
2 = Right Buttock	6 = Right Leg
3 = Left Deltoid	7 = Left Arm
4 = Right Deltoid	8 = Right Arm
	9 = Abdomen

GTMO JMG 198

ION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION-DOSAGE / DATE OF ADMINISTRATION	GIVEN: DATE	TIME	INITIAL	MEDICATION-DOSAGE / ROUTE OF ADMINISTRATION	GIVEN: DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN															
15	Motrin 800mg +	DATE															
	PO TID PRN	TIME															
	Pain x 10days	DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															
		DATE															
		TIME															
		DOSE															
		INIT.															

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA **TRANSCRIBED/ DATE** 2/23/06 **VERIFIED/ DATE** [redacted] **MONTH/ YEAR** FEB-MAR 2006

*****Any refused, not in stock, or other entry must be in re[redacted]*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN[redacted] (Must Notify Nurse) [redacted]R (Document below any reason meds not given.) (Must Notify Nurse)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	1	2	3	4	5	6	7	8
[redacted]	2/23/06	I	FLONASE 2 spray each	0600	X	[redacted]												
			nostril BID	1800	X		[redacted]											
	2/23/06	I	Saline nasal mist S-10 GHs	0600	X													
			each nostril BID	1800	X													
	2/23/06	I	CLARITIN 10mg PO QD	0600	X													
	2/23/06	I	3 CANS 2cal HN + 1 CAN BOOST	0700	X													
			(If He does not eat but agrees to drink) BID	1400	X													
	2/23/06	I	DAILY WEIGHTS	0600	X													
	2/24/06	2/27/06	SODAFED 60mg PO TID	0600	X	X			X	X	X	X	X	X	X	X	X	X
			———	1200	X	[redacted]			X	X	X	X	X	X	X	X	X	X
			———	1800	X				X	X	X	X	X	X	X	X	X	X

[redacted] TO VERIFY

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

DATE	#		INT.	DATE	#		INT.
[illegible]	3	Do not on block	[redacted]				

D-JTF 888-0-693

BLOCK# [redacted]

GTMO JMG 200

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: 2/23/06

VERIFIED/ DATE: [redacted]

MONTH/ YEAR: FEB-MAR 2006

*****Any refused, not in stock, or other entry must be in re*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	1	2	3	4	5	6	7	8
[redacted]	2/23/06	I	FLONASE 2 spray each	0600	X													
			nostril BID	1800	X													
	2/23/06	I	Saline nasal mist 5-10 shots	0600	X													
			each nostril BID	1800	X													
	2/23/06	I	CLARITIN 10mg PO QD	0600	X													
	2/23/06	I	3 CANS 2cal HN + 1 CAN BOOST	0700	X													
			(If he does not eat but agrees to drink) BID	1400	X													
	2/23/06	I	DAILY WEIGHTS	0600	X													
	2/24/06	2/27/06	SUDAFED 60mg PO TID	0600	X	[redacted]	X	X	X	X	X	X	X	X	X	X	X	X
				1200	X		X	X	X	X	X	X	X	X	X	X	X	X
				1800	X		X	X	X	X	X	X	X	X	X	X	X	X

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

DATE	#		INT.	DATE	#		INT.
2/23/06	3	Dr was on check	[redacted]				

D-JTF 888-0-693

BLOCK# [redacted]

GTMO JMG 201

GTMO MEDICAL ADMINISTRATION RECORD

GIES NKA ✓ TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED (b)(3):10 USC §130b,(b)(6) MONTH/ YEAR NOV/DEC 05

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

(b)(3):10 USC §130b,(b)(6) ART DATE	STOP DATE	SCHEDULED MEDICATION	TIME	28	29	30	1	2	3	4	5	6	7	8	9	10	11
11/1/05	IND	ACIPHEX 20MG ÷TAB PO DAILY	0600	(b)(3):10 USC §130b,(b)(6)													
(b)(3):10 USC §130b,(b)(6) 15/05	F	ARTIFICIAL TEARS B TID	0600	X													
			1800	X													
		Sudafed 60mg	0600														
		1 TAB PO TID	1400														
			2200														

SICKCALL VISITS	*	X	X	X	X	Y	X	S	X	Y	Y	X				
PSYCH PRESENT																

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

(b)(3):10 USC §130b,(b)(6)

(b)(2) BLOCK#

GTMO JMG 202

ATION ADMINISTRATION RECORD (BACK) SN 0108-LP-214-6581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE AND ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE AND ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																
		TIME																
		DOSE																
		INIT.																
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																
		TIME																
		DOSE																
		INIT.																
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																
		TIME																
		DOSE																
		INIT.																
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																
		TIME																
		DOSE																
		INIT.																
	Tinaclin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																
		TIME																
		DOSE																
		INIT.																
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																
		TIME																
		DOSE																
		INIT.																
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																
		TIME																
		DOSE																
		INIT.																
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE																
		TIME																
		DOSE																
		INIT.																
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE	7 DEC															
		TIME	2150															
		DOSE	tt															
		INIT.	(b)(3):															
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE																
		TIME																
		DOSE																
		INIT.																
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA

TRANSCRIBED/ DATE [redacted] 18DEC05

VERIFIED/ DATE 12/22/05 [redacted]

MONTH/ YEAR DEC 05-05 JAN

*****Any refused, not in stock, or other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	29	30	31	01	02	03	04	05
[redacted]	12/13/05	12/28/05	ACIPHEX 20MG PO	0600	[redacted]					X	X	X	X	X	X	X	X	X
	~	~	~ BLD x 2wks ~	1800						X	X	X	X	X	X	X	X	X

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

DATE	#		INT.	DATE	#		INT.

D-JTF 888-0- 966

BLOCK# [redacted]

GTMO JMG 204

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF 215-6581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																		
	Tylenol	DATE																		
	500mg or 650 mg	TIME																		
	PO Q 4-6 hrs PRN	DOSE																		
	(minor aches, pains ,HA)	INIT.																		
	Mylanta	DATE																		
	15-30 ML	TIME																		
	PO Q 4HR PRN	DOSE																		
	(heartburn, indigestion)	INIT.																		
	Benadryl	DATE																		
	25-50 mg PO Q 6hr PRN	TIME																		
	(rhinorrhea, sneezing,	DOSE																		
	Watery eyes, Itchy rash)	INIT.																		
	Motrin	DATE																		
	400-800 mg PO	TIME																		
	TID PRN (moderate	DOSE																		
	pain, headache)	INIT.																		
	Tinactin (tolnaftate)	DATE																		
	Topical cream AAA	TIME																		
	BID x 2 weeks (Athletes	DOSE																		
	Foot, jock itch)	INIT.																		
	Sudafed	DATE																		
	30-60mg PO	TIME																		
	QID PRN (nasal congestion)	DOSE																		
		INIT.																		
	Cepacol Lozenges	DATE																		
	1 PO q 4-6 HR PRN	TIME																		
	(sore throat)	DOSE																		
		INIT.																		
	Analgesic Balm,	DATE																		
	AAA TID	TIME																		
	for up to 3 days, then notify	DOSE																		
	MO	INIT.																		
	Milk of Magnesia	DATE																		
	as antacid 1-3 tsp with water	TIME																		
	up to 4 x a day, as a laxative	DOSE																		
	2-4 tsp with 8 oz water	INIT.																		
(b)(3):10 USC	als Maalox 30cc po BID PRN x 3days EF 12/25/03	DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		

LERGIES: NKDA TRANSCRIBED: [b)(3):10 USC §130b,(b)(6)] VERIFIED: [b)(3):10 USC §130b,(b)(6)] MONTH/ YEAR NOV 06

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK *= NOT G[illegible]**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
11/1/05	INDEF	ACIPHEX 20mg 1 tab PO DAILY	0600	[b)(3):10 USC §130b,(b)(6)]														

SICKCALL VISITS

PSYCH PRESENT

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLAINTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED * = NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

[b)(3):10 USC §130b,(b)(6)]

[b)(3):10 USC §130b,(b)(6)]

JTF 538-A-693

BLOCK#

[b)(2)]

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0135 LP-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN TIME	INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE TIME DOSE INIT.
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE TIME DOSE INIT.
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE TIME DOSE INIT.
	Motrin 400-600mg PO TID PRN (moderate pain, headache)	DATE TIME DOSE INIT.
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE TIME DOSE INIT.
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE TIME DOSE INIT.
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE TIME DOSE INIT.
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE TIME DOSE INIT.
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE TIME DOSE INIT.
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE TIME DOSE INIT.
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE 1115 TIME 2225 DOSE 1 INIT. (b)(3):
		DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.

TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR Oct/nov

STARS IN RED **MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	31	1	2	3	4	5	6	7	8	9	10	11	12	13
9/21/05	In DF	Zantac 150mg Tab	0430	[redacted]													
		BID	2030	[redacted]													
11/1/05	In DF	Aciphex 20mg Tab PO daily	0430	X	X			X	X	X	X	X	X	X	X	X	X
11/1/05	In DF	Aciphex 20mg Tab PO daily	0600	X	X	X	X										

MEDICATION ADMINISTRATION RECORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INTIAL

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg	DATE
	PO Q4-6HR PRN	TIME
	(minor aches, pains,	DOSE
	HA)	INTIAL
	MYLANTA 15-30 ML	DATE
	PO Q 4HR PRN	TIME
	Heartburn, indigestion	DOSE
		INTIAL
	Benadryl 25-50mg PO	DATE
	Q 6hr PRN	TIME
	(rhinorrhea, sneezing,	DOSE
	Watery eyes, itchy rash)	INTIAL
	Motrin 400-800mg PO	DATE
	TID PRN (moderate	TIME
	Pain, headache)	DOSE
		INTIAL
	Tinactin (tolnaftate) 1%	DATE
	Cream topical AAA	TIME
	BID x 2 wks (athlete's	DOSE
	Foot, jock itch)	INTIAL
	Sudafed 30-60mg PO	DATE
	QID PRN (nasal	TIME
	Congestion)	DOSE
		INTIAL
	Cepacol Lozenges	DATE
	1PO Q4-6 HRS PRN	TIME
	Sore Throat	DOSE
		INTIAL
	Hydrocortisone Topical 1%	DATE
	Cream, AAA TID x 2 weeks	TIME
		DOSE
		INTIAL
	Milk of Magnesia	DATE
	As antacid 1-3 tsp with water	TIME
	Up to 4 x a day, as a laxative	DOSE
	2-4 tsps with 8 oz water	INTIAL
	Selsun Shampoo 30cc,	DATE
	Apply to hair 2 times	TIME
	A week and rinse	DOSE
		INTIAL
	Analgesic Balm, AAA TID	DATE
	For up to 3 days, then notify MO	TIME
		DOSE
		INTIAL
		DATE
		TIME
		DOSE
		INTIAL
		DATE
		TIME
		DOSE
		INTIAL

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED (b)(3):10 USC §130b,(b)(6) MONTH/ YEAR OCTOS

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	17	18	19	20	21	22	23	24	25	26	27	28	29	30
9/21/05	INDEF	ZANTAC 150 MG ÷ TAB	0430	(b)(3):10 USC §130b,(b)(6)													
		BID	2030														

SICKCALL VISITS	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PSYCH PRESENT														

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

(b)(3):10 USC §130b,(b)(6)

JTF 888-0- 693

BLOCK#

(b)(2)

GTMO JMG 210

MEDICATION ADMINISTRATION RECORD (BACK) SIN 0105-LP-216-6581

SINGLE ORDERS – PRE OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | |

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR Oct 2005

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	3	4	5	6	7	8	9	10	11	12	13	14	15	16
9/2/05	10/5/05	Ensure Can TID x 2 wks	0030														
			0430														
			2030														
9/1/05	10/12/05	Simethicone 80 mg T tab	0030														
		FID x 3 wks	0430														
9/1/05	[redacted]		2030														
9/2/05	indef	Zantac 150 mg T tab BID	0430														
			2030														

CATION ADMINISTRATION RECORD (BACK) SIN 6108-LF-216-6851

SINGLE ORDERS -- PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIA

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-600mg PO	DATE	7/10																
	TID PRN (moderate	TIME	2040																
	pain, headache)	DOSE																	
		INIT.	(b)(3):10 USC																
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc,	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

GTMO JMG 213

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR Sept/Oct 05

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK * = NOT GIVEN**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	25	26	27	28	29	30	1	2	3	4	5	6	7	8
[redacted] 9/21/05 9-7-05	10/5/05 9-27-05	ENSURE I CAN TID x 2 weeks	0600														
			1000														
			1800														
9/21/05	10/2/05	Simethicone 80mg 1 tab	0600														
		TID x 3 weeks	1400														
			2200														
9/21/05	INDEF	ZANTAC 150mg 1 tab	0600														
		BID	1800														

EDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-8281

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																			
	Tylenol 650mg or 500	DATE																			
	Mg PO Q4-8HR PRN	TIME																			
	(minor aches, pains,	DOSE																			
	HA)	INIT.																			
	MYLANTA 15-30ML	DATE																			
	PO Q 4HR PRN	TIME																			
	(heartburn, indigestion)	DOSE																			
		INIT.																			
	Benadryl 25-50mg PO	DATE																			
	Q 6hr PRN	TIME																			
	(rhinorrhea,sneezing,	DOSE																			
	Watery eyes,itchy rash)	INIT.																			
	Motrin 400-800mg PO	DATE																			
	TID PRN (moderate	TIME																			
	pain, headache)	DOSE																			
		INIT.																			
	Tinactin(tolnaflate) 1%	DATE																			
	Cream topical AAA	TIME																			
	BID x 2 wks (athlete's	DOSE																			
	foot, jock itch)	INIT.																			
	Sudafed 30-60mg PO	DATE																			
	QID PRN (nasal	TIME																			
	congestion)	DOSE																			
		INIT.																			
	Cepacol Lozenges	DATE																			
	1 PO q 4-6 HR PRN	TIME																			
	Sore Throat	DOSE																			
		INIT.																			
	Hydrocortisone Topical 1%	DATE																			
	cream, AAA 3 times a day	TIME																			
	X 2 weeks	DOSE																			
		INIT.																			
	Milk of Magnesia	DATE																			
	as antacid 1-3 tsp with water	TIME																			
	up to 4 x a day, as a laxative	DOSE																			
	2-4 tsps with 8 oz water	INIT.																			
	Selsun Shampoo 30cc.	DATE																			
	apply to hair 2 times	TIME																			
	a week and rinse	DOSE																			
		INIT.																			
	Analgesic Balm, AAA tid for	DATE																			
	up to 3 days, then notify MO	TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR SEPT 05

STARS IN RED MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	11	12	13	14	15	16	17	18	19	20	21	22	23	24
9-7-05	9-24-05	Ensure + Com TID x 2 weeks	0600	[redacted]													
X	X		1000														
			1300														
9/1/05	indef	Zantac 150mg + tab BID	0600	X	X	X	X	X	X	X	X	X	X	X	[redacted]		
			1800	X	X	X	X	X	X	X	X	X	X	[redacted]			
9/2/05	9/24/05	Bisacodyl Tab + tab x3 days	1800	X	X	X	X	X	X	X	X	X	X	[redacted]	X		
9/2/05	10/2/05	Simethicone 80mg + tab TID	0600	X	X	X	X	X	X	X	X	X	X	X	[redacted]		
		x 3 weeks	1400	X	X	X	X	X	X	X	X	X	X	[redacted]			
			2200	X	X	X	X	X	X	X	X	X	X				
9/2/05	9/5/05	Ensure TID x 2 weeks	0600	X	X	X	X	X	X	X	X	X	X	X			
		+ Com	1000	X	X	X	X	X	X	X	X	X	X	[redacted]			
			1800	X	X	X	X	X	X	X	X	X	X				
		SICKCALL VISITS		X	X	X	X	X	X	X	X	X	X	X	X	X	X
		PSYCH PRESENT															

SICKCALL LEGEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLAINTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

[redacted]

D-JTF 888-0- 693

BLOCK#

[redacted]

MEDICATION ADMINISTRATION RECORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INTIAL		DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg	**DATE**
	PO Q4-6HR PRN	**TIME**
	(minor aches, pains,	**DOSE**
	HA)	**INTIAL**
	MYLANTA 15-30 ML	**DATE**
	PO Q 4HR PRN	**TIME**
	Heartburn, indigestion	**DOSE**
		INTIAL
	Benadryl 25-50mg PO	**DATE**
	Q 6hr PRN	**TIME**
	(rhinorrhea, sneezing,	**DOSE**
	Watery eyes, itchy rash)	**INTIAL**
	Motrin 400-800mg PO	**DATE**
	TID PRN (moderate	**TIME**
	Pain, headache)	**DOSE**
		INTIAL
	Tinactin (tolnaftate) 1%	**DATE**
	Cream topical AAA	**TIME**
	BID x 2 wks (athlete's	**DOSE**
	Foot, jock itch)	**INTIAL**
	Sudafed 30-60mg PO	**DATE**
	QID PRN (nasal	**TIME**
	Congestion)	**DOSE**
		INTIAL
	Cepacol Lozenges	**DATE**
	1PO Q4-6 HRS PRN	**TIME**
	Sore Throat	**DOSE**
		INTIAL
	Hydrocortisone Topical 1%	**DATE**
	Cream, AAA TID x 2 weeks	**TIME**
		DOSE
		INTIAL
	Milk of Magnesia	**DATE**
	As antacid 1-3 tsp with water	**TIME**
	Up to 4 x a day, as a laxative	**DOSE**
	2-4 tsps with 8 oz water	**INTIAL**
	Selsun Shampoo 30cc.	**DATE**
	Apply to hair 2 times	**TIME**
	A week and rinse	**DOSE**
		INTIAL
	Analgesic Balm, AAA TID	**DATE**
	For up to 3 days, then notify MO	**TIME**
		DOSE
		INTIAL
		DATE
		TIME
		DOSE
		INTIAL
		DATE
		TIME
		DOSE
		INTIAL

(b)(3):10

JTF-GTMO MEDICATION AD[illegible]NISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR Aug/Sep-05

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	28	29	30	31	1	2	3	4	5	6	7	8	9	10
8/6/05	9/6/05	Feldene 20mg PO QD	0600	[redacted]										X	X	X	X
8/7/05	9/4/05	Ensure 1 can TID	0600														
		x 2 weeks	1000														
X	X		1800														

SINGLE ORDERS - PRE-OPERATIVE

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*

MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY																		
Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Selsun Shampoo 30cc. apply to hair 2 times a week and rinse	DATE																	
	TIME																	
	DOSE																	
	INIT.																	
Analgesic Balm AAA tid for [illegible] days, then notify MD	DATE																	
	TIME																	
	DOSE																	
	INIT																	
	DATE																	
	TIME																	
	DOSE																	
	INIT																	
	DATE																	
	TIME																	
	DOSE																	

JTF-GTMO MEDICATION AD[illegible]NISTRATION RECORD

ALLERGIES N/C DA TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR AUG 05

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	14	15	16	17	18	19	20	21	22	23	24	25	26	27
[redacted]																	
8-6-05	9-6-05	FELDENE 20mg PO QD	0600	[redacted]													

SICKCALL VISITS	X	X	X	X	X	X	X	X	X	X	5	X	X	X			
PSYCH PRESENT																	

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLAINTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

[redacted]

[redacted]

BLOCK#

GTMO JMG 220

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-LP-216-6581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE TIME DOSE INIT.
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE TIME DOSE INIT.
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE TIME DOSE INIT.
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE TIME DOSE INIT.
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE TIME DOSE INIT.
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE TIME DOSE INIT.
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE TIME DOSE INIT.
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE TIME DOSE INIT.
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE TIME DOSE INIT.
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE TIME DOSE INIT.
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.

Start Bx & Tx Doxycycline

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ergies NKDA Transcribed [redacted] Verified [redacted] Month/Year [redacted]

ANY STARRED ENTRY MUST BE VERIFIED BY RN

* = REFUSED ** = NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	31	1	2	3	4	5	6	7	8	9	10	11	12	13
8/6/05	9/6/05	Feldene 20mg QD PO	0600	X	X	X	X	X	X	X	[redacted]						

MEDICATION ADMINISTRATION RECORD (BACK) SW 0105-LF-216-6581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	D/C'D DATE	D/C'D BAL	D/C'D INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-*SEE MD ORDERS FIRST FOR CONTRAINDICATIONS*

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY																
	Tylenol 650mg or 500	DATE															
	Mg PO Q4-6HR PRN	TIME															
	(minor aches, pains,	DOSE															
	HA)	INIT.															
	MYLANTA 15-30ML	DATE															
	PO Q 4HR PRN	TIME															
	(heartburn, Indigestion)	DOSE															
		INIT.															
	Benadryl 25-50mg PO	DATE															
	Q 6hr PRN	TIME															
	(rhinorrhea,sneezing,	DOSE															
	Watery eyes,itchy rash)	INIT.															
	Motrin 400-800mg PO	DATE															
	TID PRN (moderate	TIME															
	pain, headache)	DOSE															
		INIT.															
	Tinactin(tolnaftate) 1%	DATE															
	Cream topical AAA	TIME															
	BID x 2 wks (athlete's	DOSE															
	foot, jock itch)	INIT.															
	Sudafed 30-60mg PO	DATE															
	QID PRN (nasal	TIME															
	congestion)	DOSE															
		INIT.															
	Cepacol Lozenges	DATE															
	1 PO q 4-6 HR PRN	TIME															
	Sore Throat	DOSE															
		INIT.															
	Hydrocortisone Topical 1%	DATE															
	cream, AAA 3 times a day	TIME															
	X 2 weeks	DOSE															
		INIT.															
	Milk of Magnesia	DATE															
	as antacid 1-3 tsp with water	TIME															
	up to 4 x a day, as a laxative	DOSE															
	2-4 tsps with 8 oz water	INIT.															
	Selsun Shampoo 30cc,	DATE															
	apply to hair 2 times	TIME															
	a week and rinse	DOSE															
		INIT.															
	Analgesic Balm, AAA tid for	DATE															
	up to 3 days, then notify MO	TIME															
		DOSE															
		INIT															
		DATE															
		TIME															
		DOSE															
		INIT															
		DATE															
		TIME															
		DOSE															
		INIT															

Drink Give c Folate Enhibits

...MATION RECORD

ALLERGIES nkda TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/ YEAR July 2005

*****Any starred entry must be verified by RN*****

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	17	18	19	20	21	22	23	24	25	26	27	28	29	30

MEDICATION ADMINISTRATION RECORD (BACK) SIN 6156-LF-216-6510

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																		
	Tylenol 650mg or 500	DATE																		
	Mg PO Q4-6HR PRN	TIME																		
	(minor aches, pains,	DOSE																		
	HA)	INIT.																		
	MYLANTA 15-30ML	DATE																		
	PO Q 4HR PRN	TIME																		
	(heartburn, indigestion)	DOSE																		
		INIT.																		
	Benadryl 25-50mg PO	DATE																		
	Q 6hr PRN	TIME																		
	(rhinorrhea,sneezing,	DOSE																		
	Watery eyes,itchy rash)	INIT.																		
	Motrin 400-800mg PO	DATE																		
	TID PRN (moderate	TIME																		
	pain, headache)	DOSE																		
		INIT.																		
	Tinactin(tolnaftate) 1%	DATE																		
	Cream topical AAA	TIME																		
	BID x 2 wks (athlete's	DOSE																		
	foot, jock itch)	INIT.																		
	Sudafed 30-60mg PO	DATE																		
	QID PRN (nasal	TIME																		
	congestion)	DOSE																		
		INIT.																		
	Cepacol Lozenges	DATE																		
	1 PO q 4-6 HR PRN	TIME																		
	Sore Throat	DOSE																		
		INIT.																		
	Hydrocortisone Topical 1%	DATE																		
	cream, AAA 3 times a day	TIME																		
	X 2 weeks	DOSE																		
		INIT.																		
	Milk of Magnesia	DATE																		
	as antacid 1-3 tsp with water	TIME																		
	up to 4 x a day, as a laxative	DOSE																		
	2-4 tsps with 8 oz water	INIT.																		
	Selsun Shampoo 30cc,	DATE																		
	apply to hair 2 times	TIME																		
	a week and rinse	DOSE																		
		INIT.																		
	Analgesic Balm, AAA tid for	DATE																		
	up to 3 days, then notify MO	TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		

ALLERGIES NKOA TRANSCRIBED [redacted] [redacted] MONTH/ YEAR FEB MAR 05

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	27	28	01	02	03	04	05	06	07	08	09	10	11	12
2/22/05	3/4/05	MOTRIN 800 MG PO TID	0600	[redacted]					X	X	X	X	X	X	X	X	X
			1200						X	X	X	X	X	X	X	X	X
			1800						X	X	X	X	X	X	X	X	X
2/28/05	until Rx gone	Tessalon Perles 100mg	0600	X													
		PO tid until gone	1400	X													
			2200	X													

[redacted]

SICKCALL VISITS	S	A	X	X	X	A	X	X	X	X	A	X	X	X
PSYCH PRESENT														

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLAINTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

[redacted]

D-JTF 888-0- 693

BLOCK#

[redacted]

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-LP-216-6581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE TIME DOSE INIT.
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE TIME DOSE INIT.
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE TIME DOSE INIT.
	Motrin 400-600mg PO TID PRN (moderate pain, headache)	DATE TIME DOSE INIT.
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE TIME DOSE INIT.
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE TIME DOSE INIT.
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE TIME DOSE INIT.
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE TIME DOSE INIT.
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE TIME DOSE INIT.
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE TIME DOSE INIT.
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE TIME DOSE INIT.
		DATE TIME DOSE INIT.
		DATE TIME DOSE

JTF-GTMO MEDICATIO[illegible]MINISTRATION RECORD

ALLERGIES NKOA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED (b)(3):10 USC §130b,(b)(6) MONTH/ YEAR MAY 2005

*****Any starred entry must be verified by RN*****

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	13	14	15	16	17	18	19	20	21	22	23	24	25	26
2/28/05	Until Rx	Tessalon Perles 100mg	0600	(b)(3):10 USC §130b,(b)(6)													
		PO TID until gone	1400														
			2200														

Prescription complete MB

recopied

SICKCALL VISITS	X	S												
PSYCH PRESENT														

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0-693

BLOCK#

(b)(2)

GTMO JMG 228

MEDICATION ADMINISTRATION RECORD (BACK) [illegible]

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN IN

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-600mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

GTMO JMG 229

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED [redacted] MONTH/ YEAR FEB05

*****Any starred entry must be verified by RN*****

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	13	14	15	16	17	18	19	20	21	22	23	24	25	26
2/11/05	When Tube	HC 1% cream AAA	0600	[redacted]													
	Completed	TID	1400														
	@ RF		2200														
2-18-05	2-25-05	Humabid LA T PO BID	0600	X	X	X	X	X	X	[redacted]							X
		# 14	1800	X	X	X	X	X		[redacted]						X	X
2-18-05	2-25-05	Tessalon Perl 100mg	0800	X	X	X	X	X	X	[redacted]							X
		T PO TID # 21	1400	X	X	X	X	X	X	[redacted]							X
			2200	X	X	X	X	X		[redacted]						X	X
2/22/05	3/4/05	Motrin 800mg po TID	0600	X	X	X	X	X	X	X	X	X	X	[redacted]			
			1200	X	X	X	X	X	X	X	X	X	X	[redacted]			
			1800	X	X	X	X	X	X	X	X	X	X	[redacted]			

Δ'd to prn 2/14/05 - up

SICKCALL VISITS	X	X	S	X	~~S~~	X	S	X	~~S~~	X	~~S~~	S	~~X~~	X
PSYCH PRESENT														

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

[redacted]

BLOCK#

[redacted]

GTMO JMG 230

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LP-218-2331

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INI

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																		
	Tylenol 650mg or 500	DATE																		
	Mg PO Q4-6HR PRN	TIME																		
	(minor aches, pains,	DOSE																		
	HA)	INIT.																		
	MYLANTA 15-30ML	DATE																		
	PO Q 4HR PRN	TIME																		
	(heartburn, indigestion)	DOSE																		
		INIT.																		
	Benadryl 25-50mg PO	DATE																		
	Q 6hr PRN	TIME																		
	(rhinorrhea,sneezing,	DOSE																		
	Watery eyes,itchy rash)	INIT.																		
	Motrin 400-600mg PO	DATE																		
	TID PRN (moderate	TIME																		
	pain, headache)	DOSE																		
		INIT.																		
	Tinactin(tolnaftate) 1%	DATE																		
	Cream topical AAA	TIME																		
	BID x 2 wks (athlete's	DOSE																		
	foot, jock itch)	INIT.																		
	Sudafed 30-60mg PO	DATE																		
	QID PRN (nasal	TIME																		
	congestion)	DOSE																		
		INIT.																		
	Cepacol Lozenges	DATE																		
	1 PO q 4-6 HR PRN	TIME																		
	Sore Throat	DOSE																		
		INIT.																		
2/14/05	Hydrocortisone Topical 1%	DATE																		
	cream, AAA 3 times a day	TIME																		
	~~x 2 weeks~~ D/C'D	DOSE																		
		INIT.																		
	Milk of Magnesia	DATE																		
	as antacid 1-3 tsp with water	TIME																		
	up to 4 x a day, as a laxative	DOSE																		
	2-4 tsps with 8 oz water	INIT.																		
	Selsun Shampoo 30cc,	DATE																		
	apply to hair 2 times	TIME																		
	a week and rinse	DOSE																		
		INIT.																		
	Analgesic Balm, AAA tid for	DATE																		
	up to 3 days, then notify MO	TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		
		DATE																		
		TIME																		
		DOSE																		
		INIT.																		

(b)(3):10 USC

(b)(3):10 USC

(b)(3):10 USC §130b (b)(

(b)(3):10

JTF-GTMO MEDICATI[illegible] [illegible]MINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIE[redacted] MONTH/ YEAR [illegible]

Any starred entry must be verified by RN*****

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	30	31	1	2	3	4	5	6	7	8	9	10	11	12
[redacted] 2/11/05	when tube completed @ RF	HC 1% cream AAA	0600	X	X	X	X	X	X	X	X	X	X	X	X	X	[redacted]
		TID	1400	X	X	X	X	X	X	X	X	X	X	X	X	X	[redacted]
			2200	X	X	X	X	X	X	X	X	X	X	X	X	X	[redacted]

SICKCALL VISITS	X	X	⊘	X	S	X	☆	X	X	☆	X	☆	X	☆
PSYCH PRESENT														

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

[redacted]

D-JTF 888-0-643

BLOCK#

[redacted]

GTMO JMG 232

MEDICATION ADMINISTRATION RECORD (BACK) S/N 6198-LF-215-5831

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																			
	Tylenol 650mg or 500	DATE																			
	Mg PO Q4-6HR PRN	TIME																			
	(minor aches, pains,	DOSE																			
	HA)	INIT.																			
	MYLANTA 15-30ML	DATE																			
	PO Q 4HR PRN	TIME																			
	(heartburn, indigestion)	DOSE																			
		INIT.																			
	Benadryl 25-50mg PO	DATE																			
	Q 6hr PRN	TIME																			
	(rhinorrhea,sneezing,	DOSE																			
	Watery eyes,itchy rash)	INIT.																			
	Motrin 400-800mg PO	DATE																			
	TID PRN (moderate	TIME																			
	pain, headache)	DOSE																			
		INIT.																			
	Tinactin(tolnaftate) 1%	DATE																			
	Cream topical AAA	TIME																			
	BID x 2 wks (athlete's	DOSE																			
	foot, jock itch)	INIT.																			
	Sudafed 30-60mg PO	DATE																			
	QID PRN (nasal	TIME																			
	congestion)	DOSE																			
		INIT.																			
	Cepacol Lozenges	DATE																			
	1 PO q 4-6 HR PRN	TIME																			
	Sore Throat	DOSE																			
		INIT.																			
	Hydrocortisone Topical 1%	DATE	3AOK																		
	cream, AAA 3 times a day	TIME	0[illegible]																		
	X 2 weeks	DOSE	+																		
		INIT.	(b)(3)																		
	Milk of Magnesia	DATE	:10																		
	as antacid 1-3 tsp with water	TIME																			
	up to 4 x a day, as a laxative	DOSE																			
	2-4 tsps with 8 oz water	INIT.																			
	Selsun Shampoo 30cc,	DATE																			
	apply to hair 2 times	TIME																			
	a week and rinse	DOSE																			
		INIT.																			
	Analgesic Balm, AAA tid for	DATE																			
	up to 3 days, then notify MO	TIME																			
		DOSE																			
		INIT																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

See schedule Hoc 4/11/05 sp

JTF-GTMO MEDICATION A[illegible]NISTRATION RECORD

ALLERGIES NKDA TRANSCRIBE[redacted] VERIFIED _____ MONTH/ YEAR Jan. 05

*****Any starred entry must be verified by RN*****

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	16	17	18	19	20	21	22	23	24	25	26	27	28	29

MEDICATION ADMINISTRAT RD (BACK) S/N 0108-LF-216-E80

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	DATE	GIVEN TIME	INITIAL	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																			
	Tylenol 650mg or 500	DATE																			
	Mg PO Q4-6HR PRN	TIME																			
	(minor aches, pains,	DOSE																			
	HA)	INIT.																			
	MYLANTA 15-30ML	DATE																			
	PO Q 4HR PRN	TIME																			
	(heartburn, indigestion)	DOSE																			
		INIT.																			
	Benadryl 25-60mg PO	DATE																			
	Q 6hr PRN	TIME																			
	(rhinorrhea,sneezing,	DOSE																			
	Watery eyes,itchy rash)	INIT.																			
	Motrin 400-800mg PO	DATE																			
	TID PRN (moderate	TIME																			
	pain, headache)	DOSE																			
		INIT.																			
	Tinactin(tolnaftate) 1%	DATE																			
	Cream topical AAA	TIME																			
	BID x 2 wks (athlete's	DOSE																			
	foot, jock itch)	INIT.																			
	Sudafed 30-60mg PO	DATE																			
	QID PRN (nasal	TIME																			
	congestion)	DOSE																			
		INIT																			
	Cepacol Lozenges	DATE																			
	1 PO q 4-6 HR PRN	TIME																			
	Sore Throat	DOSE																			
		INIT.																			
	Hydrocortisone Topical 1%	DATE																			
	cream, AAA 3 times a day	TIME																			
	X 2 weeks	DOSE																			
		INIT.																			
	Milk of Magnesia	DATE																			
	as antacid 1-3 tsp with water	TIME																			
	up to 4 x a day, as a laxative	DOSE																			
	2-4 tsps with 8 oz water	INIT.																			
	Selsun Shampoo 30cc,	DATE																			
	apply to hair 2 times	TIME																			
	a week and rinse	DOSE																			
		INIT.																			
	Analgesic Balm, AAA tid for	DATE	27 Oct																		
	up to 3 days, then notify MO	TIME	1200																		
		DOSE	bsp																		
		INIT.	(b)(3):10 USC																		
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

MEDICATION ADMINISTRATION RECORD (BACK) SIN 0106-LF-216-5581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INIT.

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																			
	Tylenol 650mg or 500	DATE																			
	Mg PO Q4-6HR PRN	TIME																			
	(minor aches, pains,	DOSE																			
	HA)	INIT.																			
	MYLANTA 15-30ML	DATE																			
	PO Q 4HR PRN	TIME																			
	(heartburn, indigestion)	DOSE																			
		INIT.																			
	Benadryl 25-50mg PO	DATE																			
	Q 6hr PRN	TIME																			
	(rhinorrhea,sneezing,	DOSE																			
	Watery eyes,itchy rash)	INIT.																			
	Motrin 400-800mg PO	DATE																			
	TID PRN (moderate	TIME																			
	pain, headache)	DOSE																			
		INIT.																			
	Tinactin(tolnaftate) 1%	DATE																			
	Cream topical AAA	TIME																			
	BID x 2 wks (athlete's	DOSE																			
	foot, jock itch)	INIT.																			
	Sudafed 30-60mg PO	DATE																			
	QID PRN (nasal	TIME																			
	congestion)	DOSE																			
		INIT.																			
	Cepacol Lozanges	DATE																			
	1 PO q 4-6 HR PRN	TIME																			
	Sore Throat	DOSE																			
		INIT.																			
	Hydrocortisone Topical 1%	DATE																			
	cream, AAA 3 times a day	TIME																			
	X 2 weeks	DOSE																			
		INIT.																			
	Milk of Magnesia	DATE																			
	as antacid 1-3 tsp with water	TIME																			
	up to 4 x a day, as a laxative	DOSE																			
	2-4 tsps with 8 oz water	INIT.																			
	Selsun Shampoo 30cc,	DATE																			
	apply to hair 2 times	TIME																			
	a week and rinse	DOSE																			
		INIT.																			
	Analgesic Balm, AAA tid for	DATE																			
	up to 3 days, then notify MO	TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

JTF-GTMO MEDICATION ADMINISTRATION RECORD

(b)(3):10 USC §130b,(b)(6)

ALLERGIES NKDA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/ YEAR Dec 04 - Jan 05

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	22	07	04	05	06	07	08	09	10	11	12	13	14	15

SICKCALL VISITS

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- ~~623~~ 693

BLOCK#

(b)(2)

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/ YEAR Dec 04 - Jan

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	19	20	21	22	23	24	25	26	27	28	29	30	31	01

SICKCALL VISITS	X	X	X	A	X	X	X	X	*	X	X	X	X	X

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

(b)(3):10 USC §130b,(b)(6)

D-JTF 000-0- 69

(b)(2)

OCK#

GTMO JMG 238

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LP-018-5987

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INIT

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																
	Tylenol 650mg or 500	DATE																
	Mg PO Q4-6HR PRN	TIME																
	(minor aches, pains,	DOSE																
	HA)	INIT.																
	MYLANTA 15-30ML	DATE																
	PO Q 4HR PRN	TIME																
	(heartburn, indigestion)	DOSE																
		INIT.																
	Benadryl 25-50mg PO	DATE																
	Q 6hr PRN	TIME																
	(rhinorrhea,sneezing,	DOSE																
	Watery eyes,itchy rash)	INIT.																
	Motrin 400-800mg PO	DATE																
	TID PRN (moderate	TIME																
	pain, headache)	DOSE																
		INIT.																
	Tinactin(tolnaftate) 1%	DATE																
	Cream topical AAA	TIME																
	BID x 2 wks (athlete's	DOSE																
	foot, jock itch)	INIT.																
	Sudafed 30-60mg PO	DATE																
	QID PRN (nasal	TIME																
	congestion)	DOSE																
		INIT.																
	Cepacol Lozenges	DATE																
	1 PO q 4-6 HR PRN	TIME																
	Sore Throat	DOSE																
		INIT.																
	Hydrocortisone Topical 1%	DATE																
	cream, AAA 3 times a day	TIME																
	X 2 weeks	DOSE																
		INIT.																
	Milk of Magnesia	DATE																
	as antacid 1-3 tsp with water	TIME																
	up to 4 x a day, as a laxative	DOSE																
	2-4 tsps with 8 oz water	INIT.																
	Selsun Shampoo 30cc.	DATE																
	apply to hair 2 times	TIME																
	a week and rinse	DOSE																
		INIT																
	Analgesic Balm, AAA tid for	DATE																
	up to 3 days, then notify MO	TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

JTF-GTM EDICATION MINISTRATION RECORD

ALLERGIES NKDA TRANSC [redacted] VERIFIED _____ MONTH/ YEAR Dec 05

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		See PRN															

MEDICATION ADMINISTRATION RECORD (BACK) GIN 01JUL2F-216-6PM

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN IN

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																			
	Tylenol 650mg or 500	DATE	1/24																		
	Mg PO Q4-6HR PRN	TIME	1800																		
	(minor aches, pains,	DOSE	650																		
	HA)	INIT.	(b)(3):																		
	MYLANTA 15-30ML	DATE	10																		
	PO Q 4HR PRN	TIME																			
	(heartburn, indigestion)	DOSE																			
		INIT.																			
	Benadryl 25-50mg PO	DATE																			
	Q 6hr PRN	TIME																			
	(rhinorrhea,sneezing,	DOSE																			
	Watery eyes,itchy rash)	INIT.																			
	Motrin 400-800mg PO	DATE																			
	TID PRN (moderate	TIME																			
	pain, headache)	DOSE																			
		INIT.																			
	Tinactin(tolnaftate) 1%	DATE																			
	Cream topical AAA	TIME																			
	BID x 2 wks (athlete's	DOSE																			
	foot, jock itch)	INIT.																			
	Sudafed 30-60mg PO	DATE																			
	QID PRN (nasal	TIME																			
	congestion)	DOSE																			
		INIT.																			
	Cepacol Lozenges	DATE	1/31																		
	1 PO q 4-6 HR PRN	TIME	1900																		
	Sore Throat	DOSE	1																		
		INIT.	(b)(3):1																		
	[illegible]isone Topical 1%	DATE	0 USC																		
	[illegible]AA 3 times a day	TIME																			
	[illegible]KS	DOSE																			
		INIT.																			
	Milk of Magnesia	DATE																			
	as antacid 1-3 tsp with water	TIME																			
	up to 4 x a day, as a laxative	DOSE																			
	2-4 tsps with 8 oz water	INIT.																			
	Selsun Shampoo 30cc,	DATE	1/26																		
	apply to hair 2 times	TIME	1837																		
	a week and rinse	DOSE	30cc																		
		INIT.	(b)(3):																		
	Analgesic Balm, AAA tid for	DATE	10																		
	up to 3 days, then notify MO	TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

JTF-GTM MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSC [redacted] VERIFIED [redacted] MONTH/ YEAR NOV-DEC 04

END: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	21	22	23	24	25	26	27	28	29	30	01	02	03	04

SICKCALL VISITS

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

[redacted]

INITIALS / PRINTED NAMES

[redacted]

D-JTF 888-0-[redacted]

[redacted]

BLOCK#

MEDICATION ADMINISTRATION RECORD (BACK) SN 0105-LF-016-6181

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INIT

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																			
	Tylenol 650mg or 500	DATE																			
	Mg PO Q4-6HR PRN	TIME																			
	(minor aches, pains,	DOSE																			
	HA)	INIT.																			
	MYLANTA 15-30ML	DATE																			
	PO Q 4HR PRN	TIME																			
	(heartburn, indigestion)	DOSE																			
		INIT.																			
	Benadryl 25-50mg PO	DATE																			
	Q 6hr PRN	TIME																			
	(rhinorrhea,sneezing,	DOSE																			
	Watery eyes,itchy rash)	INIT.																			
	Motrin 400-800mg PO	DATE																			
	TID PRN (moderate	TIME																			
	pain, headache)	DOSE																			
		INIT.																			
	Tinactin(tolnaftate) 1%	DATE																			
	Cream topical AAA	TIME																			
	BID x 2 wks (athlete's	DOSE																			
	foot, jock itch)	INIT.																			
	Sudafed 30-60mg PO	DATE																			
	QID PRN (nasal	TIME																			
	congestion)	DOSE																			
		INIT.																			
	Cepacol Lozenges	DATE	11-03																		
	1 PO q 4-6 HR PRN	TIME	1400																		
	Sore Throat	DOSE	X																		
		INIT.	(b)(3)																		
	Hydrocortisone Topical 1%	DATE																			
	AAA 3 times a day	TIME																			
	weeks	DOSE																			
		INIT.																			
	Milk of Magnesia	DATE																			
	as antacid 1-3 tsp with water	TIME																			
	up to 4 x a day, as a laxative	DOSE																			
	2-4 tsps with 8 oz water	INIT.																			
	Selsun Shampoo 30cc,	DATE																			
	apply to hair 2 times	TIME																			
	a week and rinse	DOSE																			
		INIT.																			
	Analgesic Balm, AAA tid for	DATE																			
	up to 3 days, then notify MO	TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			
		DATE																			
		TIME																			
		DOSE																			
		INIT.																			

JTF-GTMO MEDICATION A[illegible]INISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED MONTH/ YEAR Nov 04

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	7	8	9	10	11	12	13	14	15	16	17	18	19	20

MEDICATION ADMINISTRATION RECORD (BACK) SN 0108-LF-275-4581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE	11/9																
	Mg PO Q4-6HR PRN	TIME	2300																
	(minor aches, pains,	DOSE																	
	HA)	INIT.	(b)(3):																
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-800mg PO	DATE	11/9																
	TID PRN (moderate	TIME	2300																
	pain, headache)	DOSE																	
		INIT.	(b)(3):10 USC §130b,(b)(6)																
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc,	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

DETAINEE MEDICATION ADMINISTRATION RECORD

ALLER S NKDA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/ YEAR Oct - Nov 04

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	24	25	26	27	28	29	30	31	01	02	03	04	05	06

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED √ = NO COMPLAINTS

INITIALS / PRINTED NAMES							

D-JTF 888-0- 693

BLOCK# (b)(2)

MEDICATION ADMINISTRATIO[illegible]ORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg PO Q4- 6hr PRN (Minor aches,Pains, Headache.)	DATE / TIME / DOSE / INTIAL
	MYLANTA 15-30ML PO Q 4HR PRN (Heartburn, Indigestion.)	DATE / TIME / DOSE / INTIAL
	Benadryl 25-50mg PO Q 6HR PRN (Rhinorrhea, Sneezing, Watery eyes, itchy rash.)	DATE / TIME / DOSE / INTIAL
	Motrin 400- 800mg PO TID PRN (Moderate pain, headache.)	DATE 1115 / TIME 2130 / DOSE [illegible] / INTIAL (b)(3):
	Tinactin (Toinaftate) 1% Cream Topical AAA BID x 2 wks (Athlete's foot, jock itch.)	DATE / TIME / DOSE / INTIAL
	Sudafed 30- 60mg PO QID PRN (Nasal congestion.)	DATE / TIME / DOSE / INTIAL
	Cepacol Lozenges 1 PO q 4- 6 HR PRN (Sore Throat.)	DATE / TIME / DOSE / INTIAL
	Hydrocortisone Topical 1% Cream (AAA 3 times a day x2 weeks.)	DATE / TIME / DOSE / INTIAL
	Milk of Magnesia (As antacid 1-3 tsp with water Up to 4 x a day, as a laxative 2-4 tsps with 8 oz water)	DATE / TIME / DOSE / INTIAL
	Selsun Shampoo 30cc (Apply to hair 2 times a week and rinse.)	DATE / TIME / DOSE / INTIAL
	Analgesic Balm (AAA tid for Up to 3 days, then notify MO.)	DATE / TIME / DOSE / INTIAL
		DATE / TIME / DOSE / INTIAL
		DATE / TIME / DOSE / INTIAL

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/ YEAR Oct 04

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK *= NOT GIVEN**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	10	11	12	13	14	15	16	17	18	19	20	21	22	23

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-LF-216-5561

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO O4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-800mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc.	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKA TRANSCRIBED: (b)(3):10 USC §130b,(b)(6) VERIFIED: MONTH/ YEAR: SEP 07

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK *= NOT GIVEN**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	12	13	14	15	16	17	18	19	20	21	22	23	24	25

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R =REFUSED * = NO COMPLANTS

INITIALS / PRINTED NAMES	(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- 693

(b)(2)

BLOCK#

MEDICATION ADMINISTRATION RECORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg PO Q4- 6hr PRN (Minor aches,Pains. Headache.)	DATE / TIME / DOSE / INTIAL
	MYLANTA 15-30ML PO Q 4HR PRN (Heartburn, Indigestion.)	DATE / TIME / DOSE / INTIAL
	Benadryl 25-50mg PO Q 6HR PRN (Rhinorrhea, Sneezing, Watery eyes, itchy rash.)	DATE / TIME / DOSE / INTIAL
	Motrin 400- 800mg PO TID PRN (Moderate pain, headache.)	DATE / TIME / DOSE / INTIAL
	Tinactin (Toinaftate) 1% Cream Topical AAA BID x 2 wks (Athlete's foot, jock itch.)	DATE / TIME / DOSE / INTIAL
	Sudafed 30- 60mg PO QID PRN (Nasal congestion)	DATE / TIME / DOSE / INTIAL
	Cepacol Lozenges 1 PO q 4- 6 HR PRN (Sore Throat.)	DATE / TIME / DOSE / INTIAL
	Hydrocortisone Topical 1% Cream (AAA 3 times a day x2 weeks.)	DATE / TIME / DOSE / INTIAL
	Milk of Magnesia (As antacid 1-3 tsp with water Up to 4 x a day, as a laxative 2-4 tsps with 8 oz water)	DATE / TIME / DOSE / INTIAL
	Selsun Shampoo 30cc (Apply to hair 2 times a week and rinse.)	DATE / TIME / DOSE / INTIAL
	Analgesic Balm (AAA tid for Up to 3 days, then notify MO.)	DATE / TIME / DOSE / INTIAL
		DATE / TIME / DOSE / INTIAL
		DATE / TIME / DOSE / INTIAL

JTF-GTMO MEDICATION A[illegible]INISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED _____ MONTH/ YEAR Sep / Oct 04

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	26	27	28	29	30	1	2	3	4	5	6	7	8	9

SICKCALL VISITS

SICKCALL LEEND: S = SICKNESS I = INJURY X=NO SICKCALL R =REFUSED * = NO COMPLANTS

PSYCH LEGEND: C=SEEN (NOTE IN CHART) X=NO PSYCH SICKCALL R =REFUSED *=NO PSYCH COMPLAINTS

INITIALS / PRINTED NAMES

[redacted] [redacted]

D-JTF 888-0- 693

BLOCK#

[redacted]

MEDICATION ADMINISTRATION RECORD (BACK) SIM 0185-LF-215-0551

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea sneezing,	DOSE																	
	Watery eyes itchy rash)	INIT.																	
	Motrin 400-800mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc,	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

JTF-GTMO MEDICATION ADMINISTRATION RECORD

Allergies NKDA **Transcribed** (b)(3):10 USC §130b,(b)(6) **Verified** _____ **Month/Year** August 04

Medication Legend: * = REFUSED ** = NOT IN STOCK *** = NOT GIVE

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	28	29	30	31	01	02	03	04	05	06	07	08	09	10	11
		SICKCALL VISITS		X	X	A	S	*	S	S	X	X	*	X	Ø	X	X	X
		PSYCH PRESENT		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Sickcall Legend: S = SICKNESS I = INJURY X = NO SICKCALL * = NO COMPLAINTS R = REFUSED

Psych Legend: * = NO PSYCH COMPLAINTS C = SEEN (NOTE IN CHART) X = NO PSYCH SICKCALL R = REFUSED

INTITIALS / PRINTED NAME

D-JTF 00- 888-0- [redacted] 693

BLOCK # (b)(2)

MEDICATION ADMINISTRAT[illegible] R[illegible] ORD (BACK)

sINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIA

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg PO Q4- 6hr PRN (Minor aches,Pains, Headache.)	DATE TIME DOSE INTIAL
	MYLANTA 15-30ML PO Q 4HR PRN (Heartburn, Indigestion.)	DATE TIME DOSE INTIAL
	Benadryl 25-50mg PO Q 6HR PRN (Rhinorrhea, Sneezing, Watery eyes, itchy rash.)	DATE TIME DOSE INTIAL
	Motrin 400- 800mg PO TID PRN (Moderate pain, headache.)	DATE TIME DOSE INTIAL
	Tinactin (Toinaftate) 1% Cream Topical AAA BID x 2 wks (Athlete's foot, jock itch.)	DATE TIME DOSE INTIAL
	Sudafed 30- 60mg PO QID PRN (Nasal congestion.)	DATE TIME DOSE INTIAL
	Cepacol Lozenges 1 PO q 4- 6 HR PRN (Sore Throat.)	DATE TIME DOSE INTIAL
	Hydrocortisone Topical 1% Cream (AAA 3 times a day x2 weeks)	DATE TIME DOSE INTIAL
	Milk of Magnesia (As antacid 1-3 tsp with water Up to 4 x a day, as a laxative 2-4 tsps with 8 oz water)	DATE TIME DOSE INTIAL
	Selsun Shampoo 30cc (Apply to hair 2 times a week and rinse.)	DATE TIME DOSE INTIAL
	Analgesic Balm (AAA tid for Up to 3 days, then notify MO.)	DATE TIME DOSE INTIAL
		DATE TIME DOSE INTIAL
		DATE TIME DOSE INTIAL

JTF-GTMO MEDICATION ADMINISTRATION RECORD

Allergies NKDA Transcribed (b)(3):10 USC §130b,(b)(6) Verified _____ Month/Year April 04

Medication Legend: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27

MEDICATION ADMINISTRATION RECORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg PO Q4- 6hr PRN (Minor aches.Pains. Headache.)	DATE TIME DOSE INTIAL
	MYLANTA 15-30ML PO Q 4HR PRN (Heartburn. Indigestion.)	DATE TIME DOSE INTIAL
	Benadryl 25-50mg PO Q 6HR PRN (Rhinorrhea. Sneezing, Watery eyes. itchy rash.)	DATE TIME DOSE INTIAL
	Motrin 400- 800mg PO TID PRN (Moderate pain, headache.)	DATE TIME DOSE INTIAL
	Tinactin (Tolnaftate) 1% Cream Topical AAA BID x 2 wks (Athlete's foot, jock itch.)	DATE TIME DOSE INTIAL
	Sudafed 30- 60mg PO QID PRN (Nasal congestion.)	DATE TIME DOSE INTIAL
	Cepacol Lozenges 1 PO q 4- 6 HR PRN (Sore Throat.)	DATE TIME DOSE INTIAL
	Hydrocortisone Topical 1% Cream (AAA 3 times a day x2 weeks.)	DATE TIME DOSE INTIAL
	Milk of Magnesia (As antacid 1-3 tsp with water Up to 4 x a day, as a laxative 2-4 tsps with 8 oz water)	DATE TIME DOSE INTIAL
	Selsun Shampoo 30cc (Apply to hair 2 times a week and rinse.)	DATE TIME DOSE INTIAL
	Analgesic Balm (AAA tid for Up to 3 days, then notify MO.)	DATE TIME DOSE INTIAL
		DATE TIME DOSE INTIAL
		DATE TIME DOSE INTIAL

JTF-GTMO MEDICATIO[illegible] DMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED _____ MONTH/ YEAR July 04 - Aug 04

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	30	31	01	02	03	04	05	06	07	08	09	10	11	12

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = SICKCALL R = REFUSED * NO COMPLAINTS

INITIALS / PRINTED NAMES

[redacted]

D-JTF 888-0- 693

BLOCK#

[redacted]

GTMO JMG 258

EDICATION ADMINISTRATION RECORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ROER ATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS
	Tylenol 650mg or 500mg PO Q4- 6hr PRN (Minor aches,Pains. Headache.)	DATE TIME DOSE INTIAL
	MYLANTA 15-30ML PO Q 4HR PRN (Heartburn. Indigestion.)	DATE TIME DOSE INTIAL
	Benadryl 25-50mg PO Q 6HR PRN (Rhinorrhea. Sneezing. Watery eyes, itchy rash.)	DATE TIME DOSE INTIAL
	Motrin 400- 800mg PO TID PRN (Moderate pain, headache.)	DATE TIME DOSE INTIAL
	Tinactin (Tolnaftate) 1% Cream Topical AAA BID x 2 wks (Athlete's foot. Jock itch.)	DATE TIME DOSE INTIAL
	Sudafed 30- 60mg PO QID PRN (Nasal congestion.)	DATE TIME DOSE INTIAL
	Cepacol Lozenges PO q 4- 6 HR PRN (Sore Throat.)	DATE TIME DOSE INTIAL
	Hydrocortisone Topical 1% Cream (AAA 3 times a day x2 weeks.)	DATE TIME DOSE INTIAL
	Milk of Magnesia (As antacid 1-3 tsp with water 3 to 4 times a day, as laxative 2-4 tsps with Sorbitol	DATE TIME DOSE INTIAL
	Selsun Shampoo 30cc (Apply to hair 2 times a week and rinse.)	DATE TIME DOSE INTIAL
	Analgesic Balm (AAA daily prior to activities with NO	DATE TIME DOSE INTIAL
		DATE TIME DOSE INTIAL
		DATE TIME DOSE INTIAL

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED _____ MONTH/ YEAR January

MEDICATION LEGEND: * = REFUSED **= NOT IN STOCK *= NOT GIVEN**

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	16	17	18	19	20	21	22	23	24	25	26	27	28	29

MEDICATION ADMINISTRATION RECORD (BACK)

SINGLE ORDERS- PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	TIME	INTIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATIONS	
	Tylenol 650mg or 500mg PO Q4- 6hr PRN (Minor aches,Pains, Headache)	DATE	
		TIME	
		DOSE	
		INTIAL	
	MYLANTA 15-30ML PO Q 4HR PRN (Heartburn, Indigestion.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Benadryl 25-50mg PO Q 6HR PRN (Rhinorrhea, Sneezing, Watery eyes, itchy rash.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Motrin 400- 800mg PO TID PRN (Moderate pain, headache.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Tinactin (Toinaftate) 1% Cream Topical AAA BID x 2 wks (Athlete`s foot, jock itch.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Sudafed 30- 60mg PO QID PRN (Nasal congestion.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Cepacol Lozenges 1 PO q 4- 6 HR PRN (Sore Throat.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Hydrocortisone Topical 1% Cream (AAA 3 times a day x2 weeks.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Milk of Magnesia (As antacid 1-3 tsp with water Up to 4 x a day, as a laxative 2-4 tsps with 8 oz water)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Selsun Shampoo 30cc (Apply to hair 2 times a week and rinse.)	DATE	
		TIME	
		DOSE	
		INTIAL	
	Analgesic Balm (AAA tid for Up to 3 days, then notify MO.)	DATE	
		TIME	
		DOSE	
		INTIAL	
		DATE	
		TIME	
		DOSE	
		INTIAL	
		DATE	
		TIME	
		DOSE	
		INTIAL	

ALLER[illegible]S 1100 TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/YEAR JUNE

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	14	15	19	20	21	22	23	24	25	26	27	28	29	30

GTMO JMG 263

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED _____ VERIFIED _____ MONTH/YEAR Jun 04

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	3	4	5	6	7	8	9	10	11	12	13	14	15	16

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-316-5501

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Sudated 30-60mg PO QID PRN (nasal congestion)	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA TRANSCRIBED [redacted] VERIFIED _____ MONTH/YEAR May/June

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	20	21	22	23	24	25	26	27	28	29	30	31	1	2

SICKCALL VISITS

	20	21	22	23	24	25	26	27	28	29	30	31	1	2
	X	X	*	X	X	*	X	*	[redacted]	X	X	*	X	[redacted]

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED *=NO COMPLAINTS

INITIALS / PRINTED NAMES

[redacted]

D-JTF 00 888-0-693 [redacted] BLOCK #

GTMO JMG 266

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0108-LF-216-6581

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY		
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE	
		TIME	
		DOSE	
		INIT.	
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE	
		TIME	
		DOSE	
		INIT.	
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE	3 days
		TIME	Qid
		DOSE	
		INIT.	(b)(3):10 USC
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE	
		TIME	
		DOSE	
		INIT.	
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE	
		TIME	
		DOSE	
		INIT.	
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE	
		TIME	
		DOSE	
		INIT.	
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE	
		TIME	
		DOSE	
		INIT.	
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE	
		TIME	
		DOSE	
		INIT.	
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE	
		TIME	
		DOSE	
		INIT.	
	Selsun Shampoo 30cc. apply to hair 2 times a week and rinse	DATE	
		TIME	
		DOSE	
		INIT.	
	Analgesic Balm. AAA tid for up to 3 days, then notify MO	DATE	
		TIME	
		DOSE	
		INIT.	
		DATE	
		TIME	
		DOSE	
		INIT.	
		DATE	
		TIME	
		DOSE	
		INIT.	

ALLERGIES NKDA TRANSCRIBED (b)(3):10 USC §130b,(b)(6) VERIFIED _____ MONTH/YEAR MAY 04

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	6	7	8	9	10	11	12	13	14	15	16	17	18	19

MEDICATION ADMINISTRATION ... CORD (BACK) NSN 0105-LP-219-5301

SINGLE ORDERS -- PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*
	Tylenol 650mg or 500	DATE
	Mg PO Q4-6HR PRN	TIME
	(minor aches, pains,	DOSE
	HA)	INIT.
	MYLANTA 15-30ML	DATE
	PO Q 4HR PRN	TIME
	(heartburn, indigestion)	DOSE
		INIT.
	Benadryl 25-50mg PO	DATE
	Q 6hr PRN	TIME
	(rhinorrhea,sneezing,	DOSE
	Watery eyes,itchy rash)	INIT.
	Motrin 400-800mg PO	DATE
	TID PRN (moderate	TIME
	pain, headache)	DOSE
		INIT.
	Tinactin(tolnaftate) 1%	DATE
	Cream topical AAA	TIME
	BID x 2 wks (athlete's	DOSE
	foot, jock itch)	INIT.
	Sudafed 30-60mg PO	DATE
	QID PRN (nasal	TIME
	congestion)	DOSE
		INIT.
	Cepacol Lozenges	DATE
	1 PO q 4-6 HR PRN	TIME
	Sore Throat	DOSE
		INIT.
	Hydrocortisone Topical 1%	DATE
	cream, AAA 3 times a day	TIME
	X 2 weeks	DOSE
		INIT.
	Milk of Magnesia	DATE
	as antacid 1-3 tsp with water	TIME
	up to 4 x a day, as a laxative	DOSE
	2-4 tsps with 8 oz water	INIT.
	Selsun Shampoo 30cc,	DATE
	apply to hair 2 times	TIME
	a week and rinse	DOSE
		INIT.
	Analgesic Balm, AAA tid for	DATE
	up to 3 days, then notify MO	TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.
		DATE
		TIME
		DOSE
		INIT.

[illegible] MEDICATION ADMINISTRATION RECORD

ALLERGIES _____ TRANSCRIBED [redacted] VERIFIED _____ MONTH/YEAR APR/04 MAY

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	22	23	24	25	26	27	28	29	30	1	2	3	4	5

MEDICATION ADMINISTRATION RECORD (BACK) NSN 6135-01-213-6551

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-***SEE MO ORDERS FIRST FOR CONTRAINDICATIONS***																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy nasn)	INIT.																	
	Motrin 400-800mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES _____ TRANSCRIBED [redacted] VERIFIED _____ MONTH/YEAR APR 04

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	6	7	8	9	10	11	12	13	14	15	16	17	18	19

MEDICATION ADMINISTRATION RECORD (BACK) SSN 0109-LF-219-8281

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30ML	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-800mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc,	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

JTF-GTMO MEDICATIC ADMINISTRATION RECORD

ALLERGIES _____ **TRANSCRIBEI** [redacted] **VERIFIED** _____ **MONTH/YEAR** March 04

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	23	24	25	26	27	28	29	30	31	1	2	3	4	5

SICKCALL VISITS

				X	X	X	[redacted]	X	X	[redacted]		*	*	*			

SICKCALL LEGEND: S = SICKNESS I = INJURY X = NO SICKCALL R = REFUSED *=NO COMPLAINTS

INITIALS / PRINTED NAMES

[redacted]

D-JTF 00 888-0- 693

BLOCK # [redacted]

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-LF-216-8881

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																	
	Tylenol 650mg or 500	DATE																	
	Mg PO Q4-6HR PRN	TIME																	
	(minor aches, pains,	DOSE																	
	HA)	INIT.																	
	MYLANTA 15-30Ml.	DATE																	
	PO Q 4HR PRN	TIME																	
	(heartburn, indigestion)	DOSE																	
		INIT.																	
	Benadryl 25-50mg PO	DATE																	
	Q 6hr PRN	TIME																	
	(rhinorrhea,sneezing,	DOSE																	
	Watery eyes,itchy rash)	INIT.																	
	Motrin 400-600mg PO	DATE																	
	TID PRN (moderate	TIME																	
	pain, headache)	DOSE																	
		INIT.																	
	Tinactin(tolnaftate) 1%	DATE																	
	Cream topical AAA	TIME																	
	BID x 2 wks (athlete's	DOSE																	
	foot, jock itch)	INIT.																	
	Sudafed 30-60mg PO	DATE																	
	QID PRN (nasal	TIME																	
	congestion)	DOSE																	
		INIT.																	
	Cepacol Lozenges	DATE																	
	1 PO q 4-6 HR PRN	TIME																	
	Sore Throat	DOSE																	
		INIT.																	
	Hydrocortisone Topical 1%	DATE																	
	cream, AAA 3 times a day	TIME																	
	X 2 weeks	DOSE																	
		INIT.																	
	Milk of Magnesia	DATE																	
	as antacid 1-3 tsp with water	TIME																	
	up to 4 x a day, as a laxative	DOSE																	
	2-4 tsps with 8 oz water	INIT.																	
	Selsun Shampoo 30cc,	DATE																	
	apply to hair 2 times	TIME																	
	a week and rinse	DOSE																	
		INIT.																	
	Analgesic Balm, AAA tid for	DATE																	
	up to 3 days, then notify MO	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

JTF-GTMO MEDICATIOI DMINISTRATION RECORD

ALLERGIES _____ TRANSCRIBE [redacted] VERIFIED _____ MONTH/YEAR mar 04

MEDICATION LEGEND: * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	10	11	12	13	14	15	16	17	18	19	20	21	22	23

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-215-5551

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY																							
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Hydrocortisone Topical 1% cream, AAA 3 times a day X 2 weeks	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Milk of Magnesia as antacid 1-3 tsp with water up to 4 x a day, as a laxative 2-4 tsps with 8 oz water	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Selsun Shampoo 30cc, apply to hair 2 times a week and rinse	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
	Analgesic Balm, AAA tid for up to 3 days, then notify MO	DATE																						
		TIME																						
		DOSE																						
		INIT.																						
		DATE																						
		TIME																						
		DOSE																						
		INIT.																						
		DATE																						
		TIME																						
		DOSE																						
		INIT.																						

GEMS 1T MAC1200 , USNH GTMO CUBA

HR 49 bpm

Measurement Results:

QRS	96	ms
QT/QTcB	444 / 401	ms
PR		ms
P	92	ms
RR/PP	1098 / 1220	ms
P/QRS/T	69/ 69/ 26	degrees

Order Physician :
hnician :

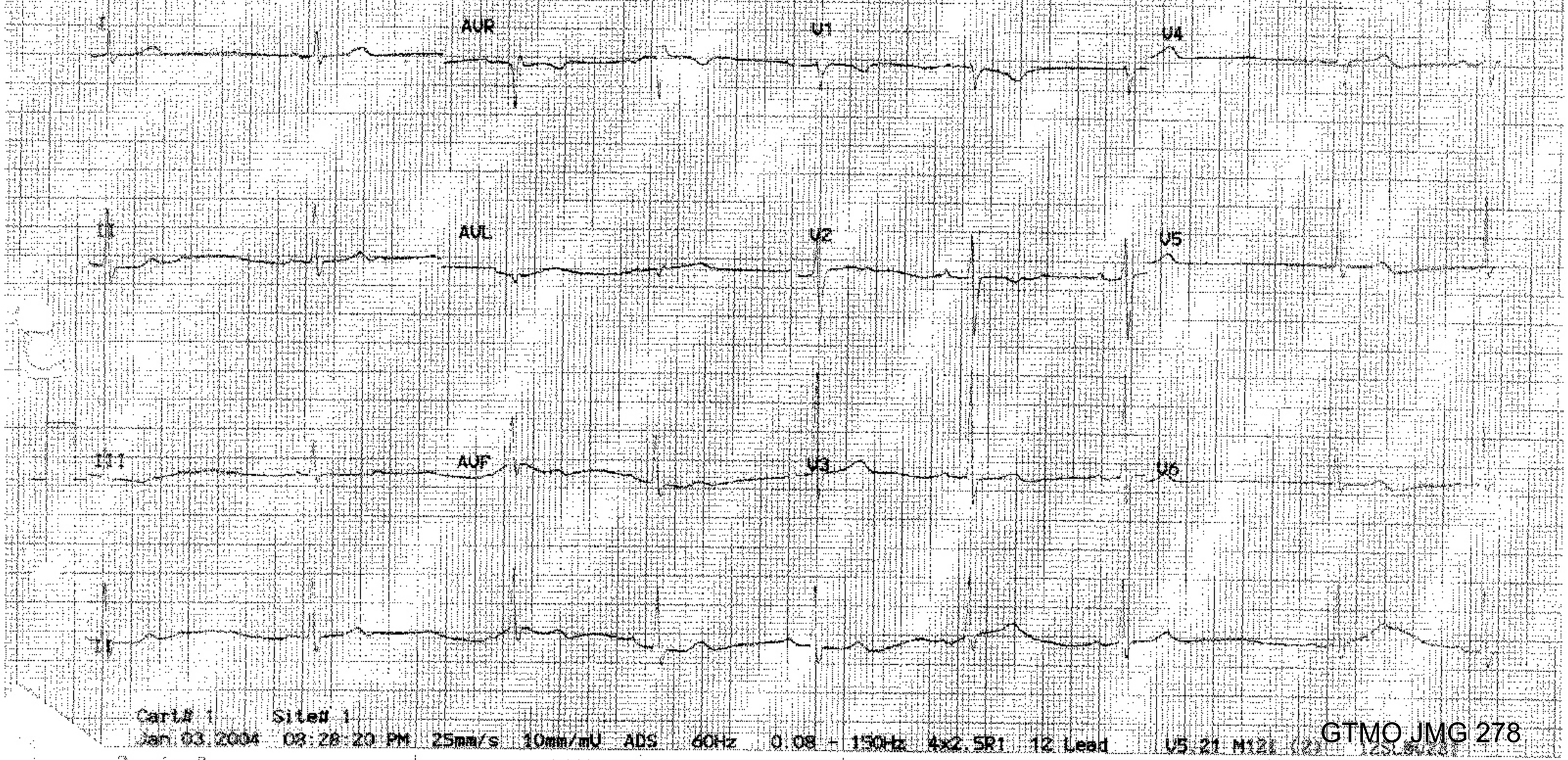
-90 < P < T < QRS
aVR aVL
0 I
III +90 II
aVF

Interpretation:
Marked sinus bradycardia
Abnormal ECG

No acute changes compared w/ previous EKG of 25 Aug 05

(b)(3):10 USC §130b,(b)(6)

Unconfirmed report



Cart# 1 Site# 1
Jan 03 2004 08:28:20 PM 25mm/s 10mm/mV ADS 60Hz 0.08 - 150Hz 4x2.5R1 12 Lead V5.21 M121 (2)

GTMO JMG 278

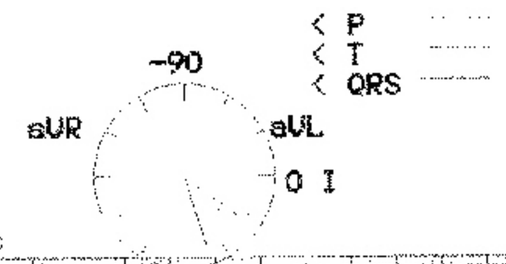
Premium GE Medical Systems

GEMS IT MAC1200 , U.S.NAUAL HOSPITAL-GTMO

HR 68 bpm

Measurement Results:

QRS		84 ms
QT/QTc8	414 /	440 ms
PR		126 ms
P		80 ms
RR/PP	842 /	880 ms
P/QRS/T	44/ 71/	37 degrees



Interpretation:
Sinus rhythm with sinus arrhythmia

Unconfirmed report

I
AVR
V1
V4
II
AVL
V2
V5
III
AVF
V3
V6
AVF

Cart# 1 Site# 1
Aug 25 2005 06:32:35 25mm/s 10mm/mV ADS 60Hz 0.08 - 40Hz 4x2.5R1 12 Lead V5 21 121 (2)

GTMO JMG 279

GEMS IT MAC1200 , U.S.NAVAL HOSPITAL-GTMO

HR 68 bpm

Interpretation.

Sinus rhythm with sinus arrhythmia

	IPA	IPPA	IQA	IQD	IRA	IRD	ISA	ISD	IRPA	IRPD	ISTJ	ISTM	ISTE	ITA	ITPA
U1	78				141	24	942	60				48	43	-180	
U2	151				232	29	1212	55			29	146	185	371	
U3	117				1899	42	883	42			-51	78	131	375	
U4	73				1445	47	302	37			-25	29	58	288	
U5	68				1450	47	297	37			-25	29	63	292	
U6	63				1020	51	161	38			-35	-5	16	195	
I	53				297	44	78	40			41	24	24	166	
AVL	48		200	58	58	26							-5	87	
II	34				849	53	175	31			14	53	63	180	
AVF	14				708	54	156	30			9	39	48	107	
III	-43				581	56	141	29			9	29	30	-12	39

Measurement Results

QRS		84	ms
QT/QTC	414 /	440	ms
PR		126	ms
P		80	ms
RR/PP	842 /	880	ms
P/QRS/T	44 / 71 /	37	degrees

Dominant Median Beat:

I AVR V1 V4

II AVL V2 V5

III AVF V3 V6

-90 P T QRS +90

Unconfirmed report

Cart# 1 Site# 1
Aug 25 2005 0d 32 35 25mm/s 10mm/mV ADS 60Hz 0.08 - 40Hz Detailed Results 12 Lead US 21 12 (2) 1250[illegible]

Marquette Medical Systems

GE Medical Systems

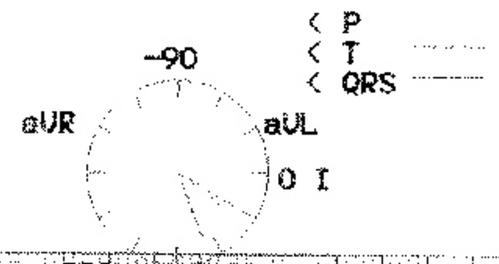
GTMO JMG 280

GEMS IT MAC1200 , U.S.NAVAL HOSPITAL-GTMO

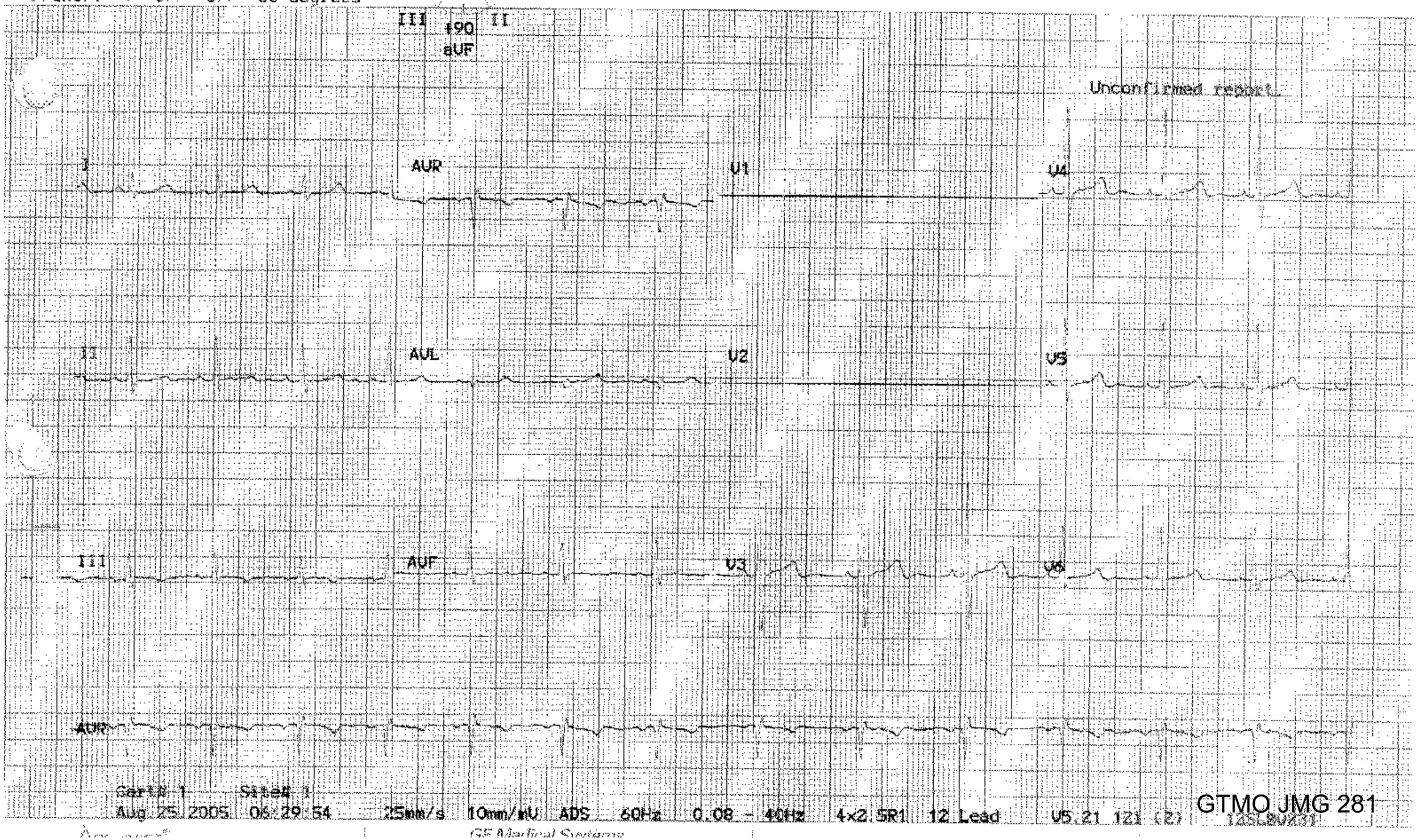
HR 81 bpm

Measurement Results:

QRS	78	ms
QT/QTcB	352 / 408	ms
PR	124	ms
P	80	ms
RR/PP	734 / 740	ms
P/QRS/T	37/ 67/ 30	degrees



Interpretation:
*** Poor data quality, interpretation may be adversely affected
Sinus rhythm with sinus arrhythmia



GTMO JMG 281

GEMS IT MAC1200 , U.S.NAVAL HOSPITAL-GTMO

HR 81 bpm

Interpretation:

*** Poor data quality, interpretation may be adversely affected

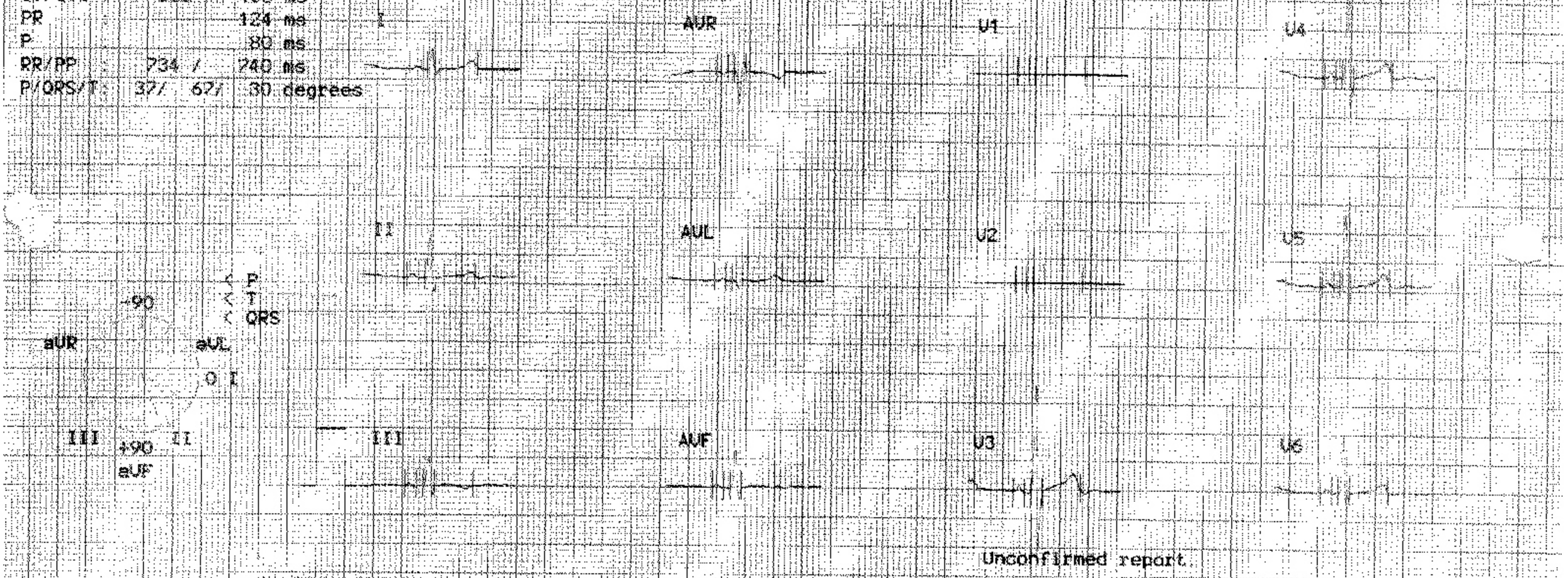
Sinus rhythm with sinus arrhythmia

	PA	PPA	QA	QD	RA	RD	SA	SD	RPA	RPD	STJ	STM	STE	TA	TPA
U1															
U2															
U3	141				1845	38	1069	40			-35	53	92	292	
U4	112				1582	40	566	38			-15	48	73	278	
U5	92				1254	42	332	36			-20	24	43	224	
U6	78				1005	45	195	33			-5	29	43	175	
I	68				356	39	131	39			-15	4	4	151	
AUL	53		161	54	39	24					-20	-15	-15	102	
II	68				830	45	234	33			9	39	43	112	
AUF	43				659	47	190	31			19	39	39	48	
III	34	-39			498	49	151	29			24	34	39	-48	

Measurement Results:

QRS		78 ms
QT/QTC	352 /	408 ms
PR		124 ms
P		80 ms
RR/PP	734 /	740 ms
P/QRS/T	37/ 67/	30 degrees

Dominant Median Beat:



Unconfirmed report.

Cart# 1 Site# 1

Aug 25 2005 06:29:54 25mm/s 10mm/mV ADS 60Hz 0.08 - 40Hz Detailed Results 12 Lead U5 21 121 (2) 12SLAV231

GTMO JMG 282

GE Medical Systems

Personal Data - Privacy Act of 1974 (PL 93-579)
Review Results

Report requested by: (b)(3):10 USC

D,JCF000693 20/M58-00-[redacted] M/2 Reg #:
Ph: Military Unit: UNKNOWN

21 Feb 05 @ 2114 (Coll) URINE

COLOR	YELLOW	
APPEARANCE	CLEAR	
GLUCOSE-URINE	NEGATIVE	(Neg.-Trace)
BILIRUBIN	NEGATIVE	(neg)
KETONES	NEGATIVE	(Neg)
SG	1.010	(1.004-1.037)
BLOOD-URINE	NEGATIVE	(Neg)
URINE pH	7.	(5.0-6.0).
PROTEIN	NEGATIVE	(Neg-Trace)
UROBILINOGEN	0.2 E.U/DL	(0.2)
NITRITE	NEGATIVE	(Neg)
LEUKOCYTE ESTER	NEGATIVE	(Neg)

L=Lo H=Hi *=Critical R Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

*** End of Report ***[w

Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 14 Aug 00 - 31 Jan 03

Report requested by: (b)(3):10 USC §130b,(b)(6)

D,JTF000693 20/888-00-0693 M/7m Reg #:
Ph: Military Unit: UNKNOWN

020618 PHI 1831 Col: 18Jun02@1945 SERUM
Hsp: (b)(3):10 USC §130b,(b)(6) Req Loc: FLEET HC

Order comment: RF 6168/9/ C:JMW05Jul02@1326
HIV-1 AB. . . . . .
NEGATIVE

Order Required Data:
PRISONER/DETAINEE
Interpretations:
ACCESSION AREA N22/N29 (NAVY HIV PROGRAM) SPECIMENS SUBMITTED TO VIROMED FOR TESTING. RESULTS WILL BE MAILED FROM VIROMED TO SUBMITTING ACTIVITY.

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

ISN: 888-00-0693

RECORD INACTIVATED

(DATE) 10/18/06

SIGNED: (b)(3):10 USC §130b,(b)(6)

SMO DENTAL OFFICER

GTMO JMG 285

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
16	Jan	ø6	**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	ø7Hø		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 restraints)		
MTOO:	1/16/06	C ø72ø	(b)(3):10 USC §130b,(b)(6)	GMO	(b)(3):10 USC
16	(b)(	ø6	**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
	ø71ø		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.		
				GMO	(b)(3):10 USC

(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

6 / 3 AM

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 603 (REV. 3-94)
Prescribed by GSA/GSR, FIRMR (41 CFR) 201-3.2001-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/16/05

0757

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)

(b)(3):10 USC §130b,(b)(6)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), [illegible] 12 F enteral feeding tube was inserted in the [illegible] 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.

(b)(3): 10 USC

(b)(3):10 USC

(b)(

(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 [illegible] 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)

(continue on reverse side)

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

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

Date: 1/16/06

Limb Restrained:	Time In:	Time Out:
Left arm	0253	0449
Right arm	0253	0449

Limb Restrained:	Time In:	Time Out:
Left leg	0253	0449
Right leg	0253	0449

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1, 12, I, K		1400			2000		
0215			0815	1, 12, I, K, P		1415			2015		
0230			0830	1, 12, I, K		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0315			0915	1, 12, I, K		1515			2115		
0330			0930	1, 12, I, K		1530			2130		
0345			0945	1, 12		1545			2145		
0400			1000	1, 12 Pt refused		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(

Autograph

GTMO JMG 288

508-111

NSN 7540-00-634-4121

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
15 Jan 06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	1315		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 restraints)		
				C Pm d	(b)(3):10 USC §130b,(b)(6)
15 Jan 06			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
	1315		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.	C Pm d	(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 Pm

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-45.202

GTMO JMG 289

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
1115/06	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
1430	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _12F 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.
	(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 1630 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)

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/15/06	Left arm	1430	1630	Left leg	1430	1630
	Right arm	1430	1630	Right leg	1430	1630

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			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	1, 12 K		2215		
0430			1030			1630	1, 12 K		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

Additional page(s)

GTMO JMG 291

506-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
15 Jan	06		**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	0715		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 restraints)		
			Lt Col	(b)(3):10 USC §130b,(b)(6)	
15 Jan	06		**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
	0715		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.		
				Capt	(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.

6 2 3 Detainee

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 506 (REV. 3-94)
Prescribed by GSA/ICMR, DSMR (41 CFR) 201.9.202

GTMO JMG 292

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
11/5/06	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
1025	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / 12 F enteral feeding tube was
	inserted in the _ R / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	(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 1025 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)

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/15/06

Limb Restrained:	Time In:	Time Out:
Left arm	1025	1225
Right arm	1025	1225

Limb Restrained:	Time In:	Time Out:
Left leg	1025	1225
Right leg	1025	1225

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	Time	Code	Initials
0000			0600			1200	I, 12 K	1800		
0015			0615			1215	I, 12 K	1815		
0030			0630			1230	I, 12 K	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	I, 12 K		1630		2230		
0445			1045	I, 12 K		1645		2245		
0500			1100	I, 12 K		1700		2300		
0515			1115	I, 12 K		1715		2315		
0530			1130	I, 12 K		1730		2330		
0545			1145	I, 12 K		1745		2345		

Signature	Initials

Signature	Initials

Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 294

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

15 JAN 06
10:39

(b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food~~.

Detainee is well hydrated. Chart reviewed

Weight: 1/14/06 lbs (121.5) BMI: — kg/m^2 — % IBW:

Vitals: 1/14/06 Temp: 97 F HR: 78 /min RR: 13 /min BP: 118/76

Goal daily kcal: @ 2625 Kcal

Received: 1/14/06 BOOST PLUS x 2 . 2 CAL x 4 = Total 2620 kcal.

☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

Stable + doing well

The intent of the medical staff 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 Dr.

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER

693

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
14	Jan	06	**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	1315		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 restraints)		
				CPT J	(b)(3):10 USC §130b,(b)(6)
14	Jan	06	**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
	1325		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.		
				CPT J	(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.

GPJ Lon

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
14Jan06	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
1435	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _ 12 F enteral feeding tube was
	inserted in the _ R / _ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	(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 1635. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint e
	(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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
14 Sep 06	Left arm	1435	1635	Left leg	1435	1635
	Right arm	1435	1635	Right leg	1435	1635

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430	1 1 2 K		2030		
0245			0845			1445	1 1 2 K		2045		
0300			0900			1500	1 1 2 K		2100		
0315			0915			1515	1 1 2 K		2115		
0330			0930			1530	1 1 2 K		2130		
0345			0945			1545	1 1 2 K		2145		
0400			1000			1600	1 12 K		2200		
0415			1015			1615	1 12 K		2215		
0430			1030			1630	1 12 K		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

Address sticker

GTMO JMG 298

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
14	Jan	ØC	**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	Ø725		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 restraints)		
				CTMO	(b)(3):10 USC §130b,(b)(6)
14	Jan	Ø6	**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
	Ø725		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.		
				CTMO	(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.

CTF 3 Jan

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 603 (REV. 3-44)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-6.202

GTMO JMG 299

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
14 JAN 08 0854	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) (b)(3):10 USC §130b,(b)(6)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _ 12 F enteral feeding tube was
	inserted in the _ R / _ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	(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 1044. 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

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
14 Sep 06	Left arm	0844	1044	Left leg	0844	1044
	Right arm	0844	1044	Right leg	0844	1044

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845	1, J 2 K		1445			2045		
0300			0900	1, J 2 E		1500			2100		
0315			0915	1, 12 E		1515			2115		
0330			0930	1, 12 E		1530			2130		
0345			0945	1, 12 K		1545			2145		
0400			1000	1, 12 K		1600			2200		
0415			1015	1, 12 K		1615			2215		
0430			1030	1, 12 E		1630			2230		
0445			1045	1, 12 E		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3): 10 USC §130b, (b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

(b)(3):10 USC §130b,(b)(6)

14 JAN 06 Saturday 10:00 (b)(2)

Progress Note – Medical Staff

(Patient refused enteral feeds as recommended)/ ~~voluntarily accepted oral food.~~ →

Detainee is well hydrated. Chart reviewed. There are no major issues this morning.

Weight: 1/13/06 lbs (124.5) BMI: — kg/m^2 — % IBW:

Vitals: ~~Refused~~ Temp: 98 F HR: 79 /min RR: 13 /min BP: 119/72 SaO2: — %

Vitals taken 1/13/06

Goal daily kcal: @ 2625 Kcal

Received: 1/13/06 : 2CAL x 4, Boost plus x 2 = Total 2620 Kcal.

☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

The intent of the medical staff 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

Maximize nutrition and hydration.

☐ Change to following:

GTMO

(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)

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
13 Jan 16			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0925			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 restraints)		
NOTED: 13 Jan 16 0925			(b)(3):10 USC §130b,(b)(6) LCmdr	(b)(3):10 USC §130b,(b)(6)	
13 Jan 16			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
0925			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.		
			LCmdr (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.

0925 Jan 13

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-45.202-1

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
1/13/06	
0840	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) (b)(3):10 USC §130b (b)(6)
1/13/06 c	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
0840	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was
	inserted in the (b)(3):1 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 (b)(3):10 USC §130b,(b)(6)
1/13/06 1240	**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 1240. 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

(continue on reverse side)

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

#693

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

NAVMED [illegible]

Date: 13 JAN 06

Limb Restrained:	Time In:	Time Out:
Left arm	0540	1840
Right arm	0540	1840

Limb Restrained:	Time In:	Time Out:
Left leg	0540	1040
Right leg	0540	1240

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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						1415			2015		
0230			(b)(3):10			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1345			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			(b)(3):10			1630			2230		
0445			1100			1645			2245		
0500			1115			1700			2300		
0515			1130			1715			2315		
0530			1145			1730			2330		
0545						1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

Witness signature

#603

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
13 Jan 06		C	**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	1325		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 restraints)		
NOW:	13 JAN 06	1325	(b)(3):10 USC	GTMO	(b)(3):10 USC
13	Jan 06	C	**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
	1325		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.		
				GTMO	(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 pm

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
4/23/06 C 1320	
	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) (b)(3):10 USC §130b,(b)(6)
4/23/06 C 1320	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a (b)(3): 9 F / 12 F enteral feeding tube was
	inserted in the R / (b)(3):1 nostril using standard procedure. A stylet (b)(3) 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. (b)(3):10 USC §130b,(b)(6)
4/23/06 C 1523	**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 1523 Detainee had / did not have physical injury from the restraint (b)(
	episode. Detainee reported the following problems related to the restraint episode (b)(3):10 USC

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/13/06	Left arm	1320	1520	Left leg	1320	1520
	Right arm	1320	1520	Right leg	1320	1520

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	2		1830		
0045			0645			1245			1845		
0100			0700			1300	1		1900		
0115			0715			1315			1915		
0130			0730			~~1330~~ 1330	1,12,I,K		1930		
0145			0745			1345	1,12,I,K,P		1945		
0200			0800			1400	1,12,I,K		2000		
0215			0815			1415	1,12,I,K		2015		
0230			0830			1430	1,12,I,K		2030		
0245			0845			1445	1,12,I,K		2045		
0300			0900			1500	1,12,I,K		2100		
0315			0915			1515	1,12,I,K		2115		
0330			0930			~~1530~~ 1530	1,12,I,K		2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 308

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
FRIDAY	
13 JAN 2006	Progress Note – Medical Staff
10:35	Patient voluntarily accepted / refused enteral feeds as recommended.
	CHART REVIEWED. Detainee well hydrated and in no distress.
	~~TF Day #:~~ (b)(2)
Labs:	Weight: 112 lbs (121.5) BMI: — kg/m^2 — % IBW:
Na - 144	Vitals: Refused Temp: 98 F HR: 93 /min RR: 14 /min BP: 96/61 SaO2: — %
Cl - 102	Vital signs taken 1/12/06
K - 4.2	Goal daily kcal: @ 2625 Kcal
CO_2 - 24.3	Received: 1/12/06 : 2CAL x 4 . BOOST PLUS x 1 . BOOST x 1 = Total 2570 Kcal
Ca - 9.5	☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints
Mg - 2.0	All 1
Phos - 3.5	~~Patient was advised of his goal calories and goal weight.~~ delete The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. ~~He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.~~
4.9 / 13.6 / 302K / 40.7	
Diff:	
Neut: 45%	
Lymph: 45%	PLAN: ☑ Continue with current regimen ☐ Close medical observation
Hgb - 13.6	☐ Change to following:
Hct - 40.7%	Maximize daily nutrition + hydration.
	GTMO (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM [illegible]

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12 Jan 26			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
1335			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 restraints)		
			NOTED: 1/12/26 @ 1335 (b)(3):10 USC §130b,(b)(6) 4 mo	(b)(3):10 USC §130b,(b)(6)	
12 Jan 26			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
1335			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.		
			6 mo	(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.

6 of 3 pm

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 603 (REV. 3-74)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-6.202-1

GTMO JMG 310

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/12/06 1415

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) (b)(3):10 USC §130b,(b)(6)

1/12/06 1415

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a (b)(10 F / (X) 12 F enteral feeding tube was inserted in the (b)(R (X) 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. (b)(3):10 USC §130b,(b)(6)

1/12/06 1615

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 1615. 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

(continue on reverse side)

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

#693

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/12/02	Left arm	1416	1615	Left leg	1416	1615
	Right arm	1416	1615	Right leg	1416	1615

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials
				(b)(3):10 USC §130b,(b)(6)	

Addendograph

6:43 pm

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12 Jan 06 0735			**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 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 restraints)		
			NOTED: 12 Jan 06 0740 (b)(3):10 USC	(b)(3):10 USC §130b,(b)(6)	
12 Jan 06 0735			**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 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.

0735 6 Jan 06

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 9-91)
Prescribed by GSA/IRMS, FIRMR (41 CFR) 201-9.202-1

GTMO JMG 313

DATE AND TIME

1/12/06
C 0825

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) (b)(3):10 USC §130b,(b)(6)

1/12/06
C 0825

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

inserted in the (b)(3):10 USC (X) 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 (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 1004. Detainee had / did not have physical injury from the restraint

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

(b)(3):10 USC §130b,(b)(6)

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/12/06	Left arm	0805	1004	Left leg	0805	1004
	Right arm	0806	1004	Right leg	0805	1004

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	K		1230			1830		
0045			0645	K		1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800	1,12,I,K		1400			2000		
0215			0815	1,12,I,K		1415			2015		
0230			0830	1,12,I,K		1430			2030		
0245			0845	1,12,I,K		1445			2045		
0300			0900	1,12,I,K		1500			2100		
0315			0915	1,12,K		1515			2115		
0330			0930	1,12,K		1530			2130		
0345			0945	1,12,K		1545			2145		
0400			1000	Medication		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

#693

GTMO JMG 315

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

DATE

12 JAN 06
10:17

Progress Note – Medical Staff

Patient voluntarily accepted / refused enteral feeds as recommended.

Chart reviewed. Detainee is well this morning. Detainee is well hydrated

Weight: 122 lbs (* See below) BMI: — kg/m² — % IBW: Weight taken 1/12/06

Vitals: Refused Temp: 98 F HR: 84 /min RR: 14 /min BP: 116/68 SaO2: —%

Vital signs taken 1/11/06

Goal daily Kcal: 2625 kcal

Received: 1/11/05 ⇒ ENSURE PLUS x 2 ; 2CAL x 3 ; BEST CALS x 1 = 2495 Kcal

☐ Compliant ☑ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

* - Weight TRENDS ⇒

2 JAN 06 – 122 lbs
3 JAN 06 – 122 lbs
4 JAN 06 – 121.4 lbs
5 JAN 06 – 125 lbs
6 JAN 06 – 121.3 lbs
7 JAN 06 – 121.8 lbs
8 JAN 06 – 123.3 lbs
9 JAN 06 – 123 lbs
10 JAN 06 – 122.4 lbs
12 JAN 06 – 122 lbs

My analysis is that this detainee is getting adequate nutrition and hydration. There has been no significant loss of weight. Will discuss with dietician calorie goal plan. Weight gain will be slow as discussed 0.5 - 1.5 pounds every week at optimal daily calorie goal.

GTMO

(b)(3):10 USC §130b,(b)(6)

12 Jan 06 Late entry GTMO

(b)(3):10 USC §130b,(b)(6)
10:30

DETAINEE'S IDENTIFICATION NUMBER:

693

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1/26/06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
1410			Place Detainee in (b)(1)		
			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 restraints)		
			GITMO (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 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.		
			GITMO (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

(93)

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all entries)
1/6/06 1410	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 (b)(3):10 USC §130b,(b)(6)
	restraints until feed and post feed observation (60-120 minutes)
1/11/06 1410	**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 (b)(3):10 USC
	insufflation and test dose of water. Successful procedure without complic (b)(3):10 USC §130b,(b)(6)
1/11/06 1420	**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 1420. 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)

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
11/1/02	Left arm	1410	1600	Left leg	1410	1600
	Right arm	1410	1600	Right leg	1410	1600

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,E,K		2015		
0230			0830			1430	1,12,E,K		2030		
0245			0845			1445	1,12,E,K		2045		
0300			0900			1500	1,12,E,K		2100		
0315			0915			1515	1,12,E,K		2115		
0330			0930			1530	1,12,E,K		2130		
0245			0945			1345	1,12,E,K		2145		
0400			1000			1600	1,12,E,K		2200		
0415			1015			1615	1,12,E,K		2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3): 10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

693

508-111

NSN 7540-00-634-4121

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
11 JAN 06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0900			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 restraints)		
			GTMO (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 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.		
			GTMO (b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

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

REGISTER NO | WARD NO

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 508 (REV. 3-54)
Prescribed by GSA/IOMR, FPMR (41 CFR) 201-6.202-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/6/06
0830

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)

(b)(3):10 USC §130b,(b)(6)

1/6/06
0830

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 complic

(b)(3):10 USC §130b,(b)(6)

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

1/11/06
1034

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 1034. Detainee ~~had~~ / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the res

(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)

4/11/06

0830
0850

1032
1032

0830
0850

1032
1032

08115

(b)(3):10 USC §130b,(b)(6)

693

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
11JAN06 @ 1040	Medical Nutrition Therapy - REASSESSment 1: TF Day # 18 Wt (09JAN): 123 # Diet: TNO feeds = TF 2Cal, Ensure K6, 450 ml free water = 2450kcal, 93g prot, 1482ml H_2O, 3g fiber Weight stable, trending upward. Current nutrition support meeting est needs. Will need to calculate based upon BID feedings since transfer to Oscar-block. May consider 1kcal for continued weight gain. P/R: Recommend: TF 2Cal, + Boost ⊕, 500ml free water BID ↓ 2620 kcal 108g prot 5g fiber 2024 ml H_2O

(b)(3):10 USC §130b,(b)(

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST, MI) | SPONSOR'S ID NUMBER (SSN or Other)

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORD MAINTAINED AT

PATIENT'S IDENTIFICATION (For Typed or Written Entries: Given Name (last first, middle initial) ID No. or SSN Sex Date of Birth Aliens Category)

PERSONNEL NO. | NAME NO.

11643

PROGRESS NOTES
Medical Record

STANDARD FORM 600 (Rev. 1-91)

GTMO JMG 323

DATE	NOTES

GTMO JMG 324

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1-11-06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
14:00			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 restraints)		
			GTMO (b)(3):10 USC §130b,(b)(6)		
1-11-06			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
14:00			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.		
			GTMO (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

2 JAN 06

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _ 12 F enteral feeding tube was
	inserted in the __ R / __ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at ____. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episode.

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
_____	Left arm	_____	_____	Left leg	_____	_____
	Right arm	_____	_____	Right leg	_____	_____

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			**0900**			**1500**			**2100**		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			**1000**			**1600**			**2200**		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			**1100**			**1700**			**2300**		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

Addendum p3

693

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

6 JAN 06
0922

Progress Note – Medical Staff

Patient voluntarily accepted / (refused enteral feeds as recommended.

New transfer to (b)(2) for enteral feeding to ensure proper nutrition and hydration. Chart reviewed. Detainee alert and oriented this morning.

Weight: lbs (awaiting) BMI: 19 kg/m² 85% IBW:
Vitals: Refused Temp: 98 F HR: 69 /min RR: 12/min BP: 100/69 SaO2: n/a %

Goal daily kcal: 2275 to 2600 Kcal per day
Received: Patient / Detainee transferred to (b)(2) pm shift 1/10.
Did receive feeds on Mental Health ward.
☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

New detainee on (b)(2) - DOING WELL and WELL Hydrated.
Will ensure caloric intake meets GOAL DAILY KCAL.
Mg Citrate + Reglan with each feed. Reglan 10 mg liquid w/ each feed.
Mg Citrate 30cc w/ each feed. QD PRN (b)(3):10 USC §130b (b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
09JAN06 @1315	Medical Nutrition Therapy - Reassessment
	I: Enteral Feeding Day # 16
	Diet Order: 1 2Cal, 1 tEnsure BID, 1 tEnsure QD
	Providing: 2450 calories
	93g protein 24g prot.
	1522ml free water
	Current Weight: 123# (09JAN) #Adj Wt/FW: 142#/65kg
	(+)/-: 1# (02JAN - 122#)
	%Ideal Body Weight (IBW): 83% 2275-2600kcal
	Body Mass Index (BMI): 19.3 65-98g prot
	1950ml H20
	Medications: Magnate
	Labs: —
	Currently meeting est kcal/prot needs; will need to ↑free water to meet est fluid needs. May consider ΔEnsure → Jenty1.0 to ↑fiber; =22g fiber/day. Weight gain appropriate; wt stable.
	P/R: (1.) Recommend 150ml free water TID w/feeds (2.) May consider ΔEnsure → Jenty 1.0 (b)(3):10 USC §130b,(b)(
09JAN06 1430	Pt UNable to do PT today due to security doing a CARD @ 0530 attempt? contractor) on board in Patient Area (b)(3):10 USC (b)(2) 1450 attempts (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

01/10/06
1115

Progress Note – Medical Staff

Patient voluntarily accepted / refused enteral feeds as recommended.

↓ overnight complaints

TF Day #: 17

Weight: 122.9 lbs (1/10/06) BMI: -kg/m^2 % IBW: --

Vitals: ~~Refused~~ Temp: F HR: /min RR: /min BP: SaO2: %

Goal daily kcal: 1907

Received: 2450

☑ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

- Depression - pt wishes to stop taking Zoloft and to take effexor. pt states that he will work with MO closely to ensure that if symptoms of depression (crying spells, ↑sleep, etc) occur, they will be treated. Pt consents with ↓ suicidal ideations and ↓ symptoms of depression.
- will draw labs today
- weight stable

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF --JMG, Medical Department, Guantanamo Bay, Cuba
01/09/06 1024	Progress Note - Medical Staff Patient voluntarily accepted / refused enteral feeds as recommended. 9 ounces water TF Day #: 16 Weight: 123 lbs (1/9/06) BMI: kg/m^2 % IBW: Vitals: Refused Temp: 97.0 F HR: 72 /min RR: 16 /min BP: 110/68 SaO2: 100 % Goal daily kcal: 1907 Received: ☑ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike. PLAN: ☑ Continue with current regimen ☐ Close medical observation ☐ Change to following: - Morning weight, = 9 ounce water (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (Rev. 10-91)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
1/08/06	Progress Note – Nutrition Team
cyzo	Patient accepted / refused enteral feeds as recommended.
	TF Day #: 15
	Weight: 123.3 lbs ( ) BMI: 19.3 kg/m^2 % IBW: 84.8
	Vitals: Refused BP: HR: /min RR: /min SaO2: % Temp: F
	Goal daily kcal: 1963
	Received: 2925
	☑ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
	☑ Continue with current regimen ☐ Close medical observation
	☐ Change to following:
	(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD — AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

PHYSICAL THERAPY PROGRESS NOTE

07Jan06 1648 Dx: difficulty walking (B) knee pain
SUBJECTIVE: Pt ambulated to PT c LNA present. Pt states no difficulty c knee pain at this present time.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX (B) HS curls c 4lb ankle weight x 15, (B) prone HS curls c 4lb wrist x 20, (B) bicep curls (blue) x 20, mini squats x 20, Lunges
OTHER 90 marching x 40 (B) HS stretch by bench x 3, ambulation (assist) x 5'

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; X Progressing through rx plan without difficulty; ___Unable to perform ___
Comments: Pt did well c weight on ankle

PLAN: X Continue with current Rx plan ___Change Rx plan ___
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated ___

SIGNATUR (b)(3):10 USC §130b,(b)(6)

PHYSICAL THERAPY PROGRESS NOTE

08Jan06 1435 Dx: difficulty walking (B) knee pain
SUBJECTIVE: Ambulated to PT c LNA present - c/o (B) medial knee pain when sleeping on his side "it feels like it's rubbing together" - would like (B) knee brace.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX (B) HE c hue x 30, (B) toe taps (1lb) x 15, (B) HS curls (1 lb) x 15, (B) bicep curls (1lb) x 30, (B) HS stretch x 3, mini squats x 20,
OTHER Lunges x 40, amb in room (assist) x 5'

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___Unable to perform ___
Comments: Recommend towel or blanket for knees when sleeping, notified staff nurse

PLAN: X Continue with current Rx plan ___Change Rx plan ___
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated ___

SIGNATUR (b)(3):10 USC §130b,(b)(6)

Continued on back.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION (*For typed or written entries, give: Name – last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.*) | REGISTER NO. | WARD NO.

#693

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

DATE

01/07/06
1930

Progress Note – Medical Staff

Patient (voluntarily accepted) / refused enteral feeds as recommended.

Detainee well hydrated. Chart reviewed. Detainee doing well

TF Day #: 14

Weight: 121.8 lbs (1/7/06) BMI: kg/m^2 % IBW:

Vitals: (Refused) Temp: F HR: /min RR: /min BP: SaO2: %

Goal daily kcal: 1908 kcal

Received: 1/6/06 : (2) 2cal : (6) Ensure = 2457 KCal

☑ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.

PLAN: ☑ Continue with current regimen ☑ Close medical observation

☐ Change to following:

GTMO

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

193

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba
1/6/2006	Progress Note – Nutrition Team
	Patient accepted / refused enteral feeds as recommended.
	TF Day #: 13
	Weight: 121.3 lbs (1/6/06) BMI: kg/m^2 % IBW:
	Vitals: Refused BP: HR: /min RR: /min SaO2: % Temp: F
	Goal daily kcal: 1908
	Received: 2 - 2 cc x 6 e
	☒ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
	☒ Continue with current regimen ☐ Close medical observation
	☐ Change to following:
	Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized.
	No Δ today
	(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

PHYSICAL THERAPY PROGRESS NOTE

05JAN06 2030

Dx: (B) KNEE/ANKLE PN

SUBJECTIVE: PNT AWAKE LYING IN BED UPON ARRIVAL. ONE PM PRESENT. PNT AGREES TO PT.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX 4 WAY SLR 2 # ABOVE KNEE 2x10, (B) HS CURLS x 10, STANDING MARCHING x 20, LUNGES x 20, (FEMORAL STRETCH, QUAD STRETCH, TFH ASSIST
OTHER HS STRETCH x 3, TRUNK ROT.

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___ Unable to perform ___
Comments:

PLAN: X Continue with current Rx plan ___Change Rx plan ___
___Follow-up eval needed ___ Patient agrees with change to Rx plan
___Patient educated

SIGNATURE (b)(3):10 USC §130b,(b)(6)

PHYSICAL THERAPY PROGRESS NOTE

06JAN06 1008

Dx: (B) KNEE/ANKLE PN

SUBJECTIVE: PNT JUST BACK FROM HEMO, SITTING UP IN BED AND AGREES TO PT. ONE MA PRESENT

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX (B) 4 WAY SLR 2x15, STANDING MARCHING x 40, LUNGES x 40, WALL MINI-SQUATS x 30, HECTORAL STRETCH x 3, TFH ASSIST HS
OTHER STRETCH x 3, SKC x 3

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___Unable to perform ___
Comments: PNT STATES SLR @ 1# WAS EASY. (WEIGHT ABOVE HS KNEE)

PLAN: ___Continue with current Rx plan X Change Rx plan ANKLE MOVE WEIGHT TO ANKLE
___Follow-up eval needed ___ Patient agrees with change to Rx plan
X Patient educated TO AMBULATE DURING PT. TX. GOALS REVIEWED.

SIGNATURE (b)(3):10 USC §130b,(b)(6)

Continued on back.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. | WARD NO.

#6913

NSN 7548-89-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department Guantanamo Bay, Cuba
01/05/06	Progress Note – Medical Staff
1050	Patient voluntarily accepted/ refused enteral feeds as recommended.
	9 ensure issued
	TF Day #: 12
	Weight: 125 lbs (56.5) BMI: kg/m^2 % IBW:
	Vitals: Refused Temp: 97.7 F HR: 70 /min RR: 16 /min BP: 124/64 SaO2: 100 %
	Goal daily kcal: 1908
	Received: 1 Ensure 2 TIMES TID
	☒ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
	Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.
	PLAN: ☑ Continue with current regimen ☐ Close medical observation
	☐ Change to following:
	(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

01/04/06
1130

Progress Note – Medical Staff

Patient voluntarily accepted refused enteral feeds as recommended.

S/ current complaints

TF Day #: 11

Weight: 121.4 lbs (1/3/05) BMI: – kg/m^2 % IBW: –

Vitals: Refused Temp: 98.9 F HR: 75 /min RR: 18 /min BP: 125/82 SaO2: 99 %

Goal daily kcal: 1908

Received: 2250

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.

PLAN: ☐ Continue with current regimen ☐ Close medical observation

☐ Change to following:

- Pt currently refuses to see Psychiatry. will continue Zoloft 50mg now

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

PHYSICAL THERAPY PROGRESS NOTE

03 Jan 06 0910

Dx: (B) knee pain, deconditioning
SUBJECTIVE: pt awake, laying in bed agreed to PT. 2 MA's present.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX (B) ANKLE DF (red) x 20 (B) SLR x 20, (B) HS x 10, (B) HS stretch x 3 by tech, (B) bicep curls (blue) x 20, ankle circles x 10, wall sit x 10
OTHER 6 min (start to end), marching in place x 20, heel raises x 10

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___ Unable to perform ___
Comments: ___

PLAN: X Continue with current Rx plan ___Change Rx plan ___
___Follow-up eval needed ___ Patient agrees with change to Rx plan
___Patient educated ___

SIGNATURE (b)(3):10 USC §130b,(b)(6)

PHYSICAL THERAPY PROGRESS NOTE

04 Jan 06 1030

Dx: (B) knee pain, deconditioned
SUBJECTIVE: awake, agreed to PT. 2 MA's present

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX (B) PF/DF (red) x 30, (B) STR/DTR x 20, (B) HS/QS x 10, (B) bicep curls (blue) x 30, (B) HS Stretch x 3 by tech, bridges x 10
OTHER Amb x 6 Sides c Difficulty

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___ Unable to perform ___
Comments: ___

PLAN: X Continue with current Rx plan ___Change Rx plan ___
___Follow-up eval needed ___ Patient agrees with change to Rx plan
___Patient educated ___

SIGNATU (b)(3):10 USC §130b,(b)(6)

Continued on back.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICAT ON: *(For typed or written entries, give: Name (last, first, middle, ID No or SSN, Sex; Date of Birth; Rank/Grade.)*

REGISTER NO | WARD NO.

#6093

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
01/03/06	Progress Note – Medical Staff
1110	Patient voluntarily accepted refused enteral feeds as recommended.
	- d/w pt per nursing staff
	TF Day #: 10
	Weight: 122 lbs (1/3/06) BMI: kg/m^2 % IBW:
	Vitals: Refused Temp: F HR: /min RR: /min BP: SaO2: %
	Goal daily kcal: 1908
	Received: 2250
	☑ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
	Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.
	- wt stable, c/w with at 3rd d 19
	PLAN: ☑ Continue with current regimen ☐ Close medical observation
	☑ Change to following: 1.2 CAL 2 can qhs @ 0600, 1400
	- NEEDS Psych Eval. will contact today
	- d/w nurses
	(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM [illegible]

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
01/02/06	Progress Note – Medical Staff
1105	Patient voluntarily accepted / refused enteral feeds as recommended.
	TF Day #: 9
	Weight: 122 lbs ( ) BMI: 19.1 kg/m^2 % IBW: 83.9
	Vitals: Refused Temp: F HR: /min RR: /min BP: SaO2: %
	Goal daily kcal: 1908
	Received: 2250
	☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
	Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized. Patient would like to continue with the hunger strike against medical advice. He would like to continue with the enteral nutrition in an attempt to maintain some level of nutrition and thus continue with the hunger strike.
	PLAN: ☑ Continue with current regimen ☐ Close medical observation
	☐ Change to following:
	may D/C D Blue
	(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
1/1/2006	Progress Note – Nutrition Team [redacted]
	Patient accepted / refused enteral feeds as recommended.
	TF Day #: 8
	Weight: lbs (1/1/06) BMI: kg/m² % IBW:
	Vitals: Refused BP: HR: /min RR: /min SaO2: % Temp: F
	Goal daily kcal: 1,908
	Received: 1,500 515 from meal.
	☒ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
	☒ Continue with current regimen ☐ Close medical observation
	☐ Change to following:
	Patient was advised of his goal calories and goal weight. The intent of the medical staff to safely and effectively deliver much needed nutrition to prevent medical complications was emphasized.
	Detainee stable / will encourage more Ensure.
	[redacted] (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD — PROGRESS NOTES — AUTHORIZED FOR LOCAL REPRODUCTION

DATE | NOTES

12/31/08 1315

MEDICAL PROGRESS NOTE

S: Pt with no complaints

O: VS: Refused
GEN: AAOx3
HEENT: PERRLA, EOMI, no JVD, no LAD
HEART: Not examined
LUNGS: Not examined

LABS: NONE

Imp: (1) HUNGER STRIKER
(2) Dyspepsia
(3) Cholecystitis (resolved)
(4) R/O Depression

PLAN: (1) HUNGER STRIKER - In discussions with pt, pt stated that he was a hunger striker. The pt states that he wanted to commit suicide b/c he does not want to be a prisoner anymore and he lost hope. (Please note: this is the 1st time that he has stated he was a hunger striker) will proceed with enteral feeds. Pt has stated that he will take juice at bedside.

(2) Dyspepsia - improved, continue Protonix

(3) DEPRESSION - pt with suicidal thoughts while on strong thoughts of ending his life with additional plans to include hunger striking will start on Zoloft 50mg PO QD. will consult psych on monday. Please note

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | SPONSOR'S ID NUMBER (SSN or Other)
AST | (b)(3):10 USC §130b,(b)(6) | (over) | M

REPORT SERVICE | HOSPITAL OR R | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (For typed or written entries give Name: last, first, middle. ID No. or SSN and Date of Birth, Rank/Grade)

REGISTER NO. | WARD NO.

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 2/95)
PRESCRIBED BY DSA 5/85 FOR MEDICAL OFFICER (1) 2/95 (1)

GTMO JMG 343

DATE	NOTES
12/31/05	Medical Progress Note
1900	Flow: (3) Distress - pt cooperative with no behavioral problems, & current suicidal ideations

(b)(3):10 USC §130b,(b)(6)

4C40:202

STANDARD FORM 509 (REV. 5-99) BACK

GTMO JMG 344

MEDICAL RECORD — AUTHORIZED FOR LOCAL REPRODUCTION

DATE | CHRONOLOGICAL RECORD OF MEDICAL CARE

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

PHYSICAL THERAPY PROGRESS NOTE

30 Dec 05 1005

DX: (B) Knee pain

SUBJECTIVE: pt awake sitting in Bed, agrees to PT. 1 min present.

OBJECTIVE: Rx Performed: Nu Step ___min ___steps; UBE ___min

THEREX: (B) Ankle PF (red) x 30, (B) SLR Hip abd 2 x 10, (B) GS, HS x 10 each, (B) HS Stretch (towel) x 3, (B) calf stretch (towel) x 3

OTHER: amb c walker x 100ft

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___Unable to perform
Comments:

PLAN: X Continue with current Rx plan ___Change Rx plan
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated

SIGNATURE: (b)(3):10 USC §130b,(b)(6)

PHYSICAL THERAPY PROGRESS NOTE

31 Dec 05 @ 0940

DX: (B) KNEE PN

SUBJECTIVE: PT AWAKE LYING IN BED UPON ARRIVAL AND AGREES TO PT. ONE IN PRESENT

OBJECTIVE: Rx Performed: Nu Step ___min ___steps; UBE ___min

THEREX: AP x 30, (B) SLR 3-WAY x 15, STANDING MARCHING 2.2#, MINI-SQUATS x 10, PNT AMB (B) c 200 FT, TECH ASSIST HS STRETCH

OTHER:

ASSESSMENT: X Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___Unable to perform
Comments: PNT c/o PN TO TRICEPS, FOREARMS. WILL START UPPER BODY THEREX W T-BANDS, 1 PN TO PATELLA TENDON = HS STRETCH

PLAN: ___Continue with current Rx plan X Change Rx plan T-BAND FOR UPPER BODY
___Follow-up eval needed ___Patient agrees with change to Rx plan
X Patient educated TRUE POT, SEE DOC

SIGNATURE: (b)(3):10 USC §130b,(b)(6)

Continued on back.

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART /SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION (Print/type or affix patient's name: give Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. | WARD NO.

#1 643

MEDICAL RECORD — PROGRESS NOTES — AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
12/31/05	MEDICAL PROGRESS NOTE
1130	S: Pt w/o complaints, comfortable in prison
	O: NO NURSING NOTE IN CHART/AVAILABLE FROM 12/21/05 PER NST PERFORMED
	IMP: (1) HUNGER STRIKER
	(2) Dyspepsia
	PLAN: (1) Dyspepsia - continue Protonix
	(2) Hunger Striker - unable to discuss with pt today. will readdress tomorrow in AM. Given pattern of behavior current working diagnosis is hunger striker

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME: LAST / FIRST / MI

SPONSOR'S ID NUMBER (SSN or DoD ID)

DEPARTMENT/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (If not typed or written below, give Name - Last, First, Middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 6-95)
Prescribed by GSA/ICMR 41 CFR 201-11.603-3(a)(3)

GTMO JMG 346

DATE

NOTES

MEDICAL RECORD — PROGRESS NOTES — AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
12/29/05	Medical Progress note
1715	S: Pt w/o complaints,
	O: VS Temp 97.3 HR 90 RR16 119/68 100%
	gen: NAD x 3
	HEENT: ↓ sclerae, ⊖ JVD, ⊖ neck, ⊖ lymph
	Heart: RRR, no ↓ m/r/g
	Lungs: CTAB x 2
	ABD: NT, ND, +BS
	MSKS: ↓
	Imp: ① cholecystitis (Resolved)
	② Hunger Striker (R/O)
	③ Dyspepsia
	Plan: ① cholecystitis - continue to perform periodic abd exams and liver enzymes. ↓ acute issues.
	② Hunger Striker - Unclear if hunger striker or not, will approach issue tomorrow. Pt currently clinically stable.
	③ Dyspepsia - Protonix 40mg PO QD

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME: LAST | FIRST | MI

SPONSOR'S ID NUMBER (SSN or Other)

DEPARTMENT/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (Not typed or written entries, give Name (last, first, middle), ID No. or D.O.B., Sex, Date or Birth, Rank/Grade)

REGISTER NO.

WARD NO.

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 1-49)
Prescribed by G.S.A./GSP FPMR (41 CFR) 101-11.206(b)(10)

GTMO JMG 348

DATE

NOTES

GTMO JMG 349

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

PHYSICAL THERAPY PROGRESS NOTE

24DEC05
0830

Dx: (B) knee ; ankle pain
SUBJECTIVE: Pnt c/o LMA present states returned in 3-4 hours.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX _____
OTHER _____

ASSESSMENT: ___Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___Unable to perform _____
Comments: _____

PLAN: ___Continue with current Rx plan ___Change Rx plan _____
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated _____

(b)(3):10 USC §130b,(b)(6)

SIGNATURE

PHYSICAL THERAPY PROGRESS NOTE

24DEC05
1130

Dx: (B) knee ; Ankle pain
SUBJECTIVE: Pnt STATES "Ready to do exers" AS I POSED his door. Had c/o to MD yesterday \ CHEST PAINS.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min
THEREX SLR's c manual ASSISTANCE X10, Ankle pumps c red bands X20, Leg extension off edge X20, standing X 1min 10secs time c/o dizziness
OTHER MD EKG for c/o heart \ CHEST pain no distress Pnt and encouraged PT.

ASSESSMENT: ___Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; X Unable to perform stand, sit pn
Comments: _____

PLAN: X Continue with current Rx plan ___Change Rx plan _____
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated _____

(b)(3):10 USC §130b,(b)(6)

SIGNATURE

Continued on back.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION (*Typed or printed entries, give: Name - last, first, middle, ID No or SSN; Sex, Date of Birth; Rank/Grade.*)

#693

REGISTER NO. | WARD NO.

DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5DEC05
1249

Continued from the front.

PHYSICAL THERAPY PROGRESS NOTE

Dx: (B) knee pains

SUBJECTIVE: Pat reports NO PT FOR A FEW DAYS due to pain, weakness, due to not eating. requests (B) knee braces then he will continue w/in walker.

OBJECTIVE: Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min

THEREX NONE

OTHER

ASSESSMENT: ___Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ✓Unable to perform Refuse

Comments:

PLAN: ✓Continue with current Rx plan ___Change Rx plan
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated

SIGNATURE (b)(3):10 USC §130b,(b)(6)

PHYSICAL THERAPY PROGRESS NOTE

29DEC05
1320

Dx: (B) knee pain

SUBJECTIVE: Pt awake just finished praying and agreed to PT - 2 MAs present

OBJECTIVE: ✓Rx Performed: ___Nu Step ___min ___steps; ___UBE ___min

THEREX (B) Ankle DF/PF x 20 each, (B) SLR Heel sld x 20, (B) QS/HS x 10 each, (B) HS stretch 3x 30, Amb in walker x 75 ft, c tech

OTHER

SBA's c min. assist

ASSESSMENT: ✓Progressing toward goals. ___Increase in ROM ___; ___Increase in strength ___
___Decreased pain; ___Progressing through rx plan without difficulty; ___Unable to perform ___

Comments:

PLAN: ✓Continue with current Rx plan ___Change Rx plan
___Follow-up eval needed ___Patient agrees with change to Rx plan
___Patient educated

SIGNATURE (b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

PROGRESS NOTES

AUTHORIZED FOR LOCAL REPRODUCTION

DATE

NOTES

W/ Docks Physician note

1425 Med's Pushed

IV Ativan 2 mg

IM Haldol 5 mg

T.P. 6.5 (L)

A/S 3.1 (L)

A/T 23

A/L 14

T.B.L. 0.5

Ø Danger Electrolyte derangements

Ø Prior to Ortho

(b)(3):10 USC §130b,(b)(6)

28 DEC 05
1630

4C+L FOOD REFUSAL, OTHER DEFIANCE INTERMITTENT
DENIES NEED FOR BHJ. DENIES DEP or ACUTE △ IN
NEUROVEG. INTENDS TO CONT FOOD REFUSAL + ACCEPTS
POTENTIAL OUTCOME OF DEATH or PERMANENT PHYSICAL
DAMAGE AT RESULT of FOOD REFUSAL.

O. AOX4 @ Coop & eval eventually Ø ASUME MOUNT
TO-IWO GTO TO PIZ ? INTENT MOOD 'NO PROBLEMS'
AFFECT-CONGRUENT, RAISING Ø EVIDENCE OF AN ONGOING
THOUGHT D/O or ~~APPETITIVE~~ DISTURBANCE.

(b)(3):10 USC §130b,(b)(6)

693

cont

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (First) | ID NUMBER

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORD

PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle IC No or SSN, Sex, Date of Birth, Rank/Grade) | REGISTER NO. | WARD NO

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 1-87)
Prescribed by GSA/ICSL-FPMR (41 CFR) 101-11.4(SD-B) (1)

GTMO JMG 352

CONT

DATE

NOTES

A: NO DX, FOOD REFUSAL

P: (1) CONT CURRENT TX PLAN OF WEEKLY FOOD REFUSAL & OFFERING RHS SERVICES

(2) NURSE F/U.

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 509 (REV. 1-00) BACK

GTMO JMG 353

AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

12/24/05 0955

Sunday NOK Ackland

returned results PFTs for past 24h 5 explants - stable

dressed bil pleur D/W Nrs Ann clo sure CVP / ⓒ Chest pleur,

also c/o diarrhea x1d. Dobhoff in place, does not want PO

eat orally today

Meds VSS cont c/o c/w

Plan - Abd 3 v/s, mid TTP c/o / ⓒ Chest, stable / ICD otp

stable. Continue

Labs - 5.6 $\frac{123}{36}$ < 171 57%

140 | 100 | 5 < 41 Asr 23 b NBOT
4.9 | 24 | 0.8 < Alb 3.1 Asr 29 Alk 61 b
Alb 3.1

(AP) 24yo F c probable low grade cholecystitis / c/o dysphagia x
week improved. abd/chest exam much improved, labs improved (Lact
Normal), tolerating PFs 5 explants. Cholecystitis probably
resolved by abx post. Plan to d/c Abx, continue PFs
for now. If pt decides to eat orally, will monitor on low-fat
diet if eats and re-evaluate. discussed w/ surgery
course technologist / pathologist nurses to check. No active
Dysphagia c Thrush. If eating & tolerate PFs, may
be broke & stick will all PF Sick & Stomach for [illegible]

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION - For typed or written entries, give: Name - last, first, middle | REGISTER NO | WARD NO
ID No or SSN, Sex, Date of Birth, Race & Grade

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 1-92)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.3303a-6)

GTMO JMG 354

DATE

NOTES

(b)(3):10 USC §130b,(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
12/24 0930	Placed IO in OHT IV ⓓ right & use of subcaput bit placed into. No signs LTA Insufficiency, ⓓ burn IV LLQ. (b)(3):10 USC §130b,(b)(6)
12/27/05 0900	Surgery Hot Ared 4 Related sick call for foot 214 5 episodes - 4 p/o. Has An clo sore sub/(b)CDA prn Abx to Lantus. Debrid. ~~check~~ & dressing per Dr P (resp). Abus VSS Gen NAD Ext - R/F, mild TTP L(3), (5) bruising & swelling & patchy ery
Dec 28-05 0935	Open Hot E-Sig → Tracked Num/ Date Number & current Category of Record

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST, FIRST, MI | SPONSOR'S (SSN or Other)

DEPAR /SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle. ID No or SSN, Sex: Date of Birth: Rank-Grade)

REGISTER NO | WARD NO.

613

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (Rev. 8-98)
Prescribed by GSA/IMR FPMR (41 CFR) 101-11.4 (3280p. C)

DATE

NOTES

(b)(3):10 USC §130b,(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

11/26/05

0800

Surgery HO 3 AB x 3

CC 3 cm abd pain c N/V constant generalized but more c/b epigastric & RUQ

Radiologist c Perforated duodenal ulcer ② fluid in pelvis

③ pericholecystic fluid but ④ other evidence of cholecystitis by CT

Recommend NG ultrasound for further eval.

(AE) - ④ cards, ⑤ stats, improved pain and only RUQ. ⑥ pain

meds c/d Stats would have ALREADY by the 2nd hour

Tm 98.2 97 16 94-110/48-69 Sat x 2 on 2 L NC

CBC WNL

Abd s/f, TTP RUQ, ⊖ peritoneal sign, ⊖ rebound

⊖ HSM ⊖ BS

CBC - 5.1 12.3/34.6/124 SEGS 139/103/10 BUN (16) AST (162) ALT (77)

CR (2.5) PO OK

c/s RUQ (performed by me, not verified by radiologist) - ④ stones with

④ CBD wall thickening, ⑤ sonographic Murphy's

(AE) 24yo ♂ c possible low grade cholecystitis, but unable to definitively

determine by CT scan. c/s not available @ this time. Clinically

improved c/s c ④ pain. Acute abd WNL, WBC & 5.1. Will closely

observed today. Explained to pt that likely etiology of pain is

gallbladder, and may benefit from cholecystectomy. Pt does not want

surgery @ this time, but willing to have antibiotics by tube. will also

Contact

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (For types of military entries, give: Name, Last, first, middle; ID No or SSN, Year, Date of Birth, Rank/Grade) | REGISTER NO. | WARD NO.

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 1-95)
Prescribed by GSA/ICAR FPMR (41 CFR) 101-11.4(b)(10)

GTMO JMG 358

DATE	NOTES
12/12/18	Summary (cont.)
0715	Pt provided MAN Food by TL or crackers and cranberry juice. Pt denies pain, dizziness, nausea, or vomiting. Pt ambulated in hallway with steady gait. Pt denies dizziness, lightheadedness, or weakness. Pt instructed to continue to drink fluids and eat. Pt. A&O x4. Pt agreeable to plan.
12/12/18	Discharge
0915	Pt was assessed and found to be medically stable for discharge. Pt denies pain, dizziness, nausea, or vomiting. Pt ambulated in hallway with steady gait. Pt denies dizziness, lightheadedness, or weakness. Pt instructed to continue to drink fluids and eat. Pt. A&O x4. Pt agreeable to plan.
	Vitals 104/58 100 18 98.2 99%
	CMT 3.6 (L)
	Phy 1.9
	Phy 2.3 (L)
	AIC 2.4
	TP 1.5 (L)
	AST 162 (R) Amox 875
	AIT 25 (L) Tab acetaminophen
	650 po
	Head CT 12/12/18 1254
	SS: B

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 359

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

(b)(3):10 USC §130b,(b)(6)

PMH

Nephrolithiasis
Oppo A ?
vit loss

meds

2 days prior

Surgical Consult

Asked to see pt for 50lb wt loss over past several months, mostly

admitted to hospital for sepsis, also dx w/ PNA, for duration past month

plan with Cipro x 3 hrs, Zosyn to initiate, Assist w/ NG placement for

abx. Soluble water flow liquids. Plan nutrition consult, ? also

one RUQ/RLQ ⊕ mucus in stool. Incentive spirometry. Pt was seen

post 2-3 days ago before, but since ↑ satisfy not as bad as was eating

bones being a longer shaker, but states does not eat due to potential

pain. Pt states has been vomiting over past couple of days, but ↓ diarrhea

PE: T 101.4 F, 93 HR 50 102/52 O2 sat room RR 18/min

Gen: cooperative, NAD

HEENT

Neck

CV RRR

Lungs CTA

Abd - distended, TTP ⊕ RUQ > RLQ, ⊕ BS, ↓ mucus palpable, ↓ scars

ext ↓ c/c

24 Dec — (9.5) 14.8/42.2 (139) (91.3) 6 units 141/103/5/38/26/0.8 <88 Mg 2.2 Po4 4.4

(2.9 lbs wt loss)

Alb 3.6 TBili 0.9
PSC 23 TP 6.7
ALT 32

N/A

22 Dec Amylase 23, Lipase 70

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI

REPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (Print, typed or written entries, give: Name - last, first, middle; ID No. or SSN, Sex, Date of Birth, Race/Ethnicity) | REGISTER NO. | WARD NO.

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (Rev. 1/89)
Prescribed by OSD/WHS/RPD 5 CFR 1320.1(b)(2)(iii)

GTMO JMG 360

DATE	NOTES
11/21/06	Battery Report (cont)
1600	
	CK'd - 4 Alberts (per my review exam findings)
	CT Abd/pelvis 23 Dec - Abnormal enhancement of mesentery
	and possibly diffusely distended bowel loops, left upper
	abdominal region. Otherwise small and fluid gallbladder
	Also ⊕ moderate free fluid in pelvis
	(A) 24 yo ♂ c 5-6 mo Hx periumbilical pain (UQ more c
	so to at loss. Hx describes periumbilical LUQ pain, duskiness, squeezing
	pain c/w possible internal hernia. CT scan (+ PO contrast) suggestive
	of SBO secondary (possible hernia Vs mesenteric thrombosis) Recent
	↑ WBC from 2 → 9 more c hernia concern for possible strangulation,
	esp. in light of no other obvious infectious source. Abd exam concerning
	for intraperitoneal process. Due to possibility of strangulated internal hernia,
	recommended to pt he undergo exploratory laparotomy to determine
	source of pain/fever/↑WBC. Pt refuses operation stating he would like to
	medications + honey to treat problem. Explained to pt that this is
	not a problem amenable to [redacted] (high interpreter), but pt
	re-stated that he does not want operation. Explained risks of
	severe infection, sepsis, or possibly even death. Pt still refuses.
	Plan to [redacted]
	Agent Orange c oral contrast to better define etiology of problem,
	but will discuss pt's options with attending for pt not interested
	in this tx - pt's decision. Will f/u for f/up with [redacted]
	to D&C, exam or CT, depending on [redacted] will
	continue to discuss w pt.

[redacted]

GTMO JMG 361

MEDICAL RECORD — PROGRESS NOTES — AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
12-24-05 2025	continued → Pneumonia w/ possible septicemia. Will do close observation. Though not yet w/ fever, hx of, signs of, increased sepsis, (↑) respiratory rates & (↓) Pulse oximetry, will need to D/C. Patient is stable at present. He tolerated Motrin 30cc PO via dht and IVPB Rocephin

(b)(3):10 USC §130b,(b)(6)

12/25/05 1215

RESIDENT TRAUMA NOTE

S: Pt with complaints of abd pain, ⊖ discomfort (L) Flank overnight
low grade temp

O: Temp 99.5 (Tmax 101.4) HR 55 RR 18 110/70 99% RA
CBC macro 3
HEENT: ↓ anemia, ↓ LucM, ↓ JVD,
HEART: RRR, ↓ m/r/s
LUNGS: fine crackles R>L/LL, otherwise clear
ABD: ⊕ tenderness along L>R/LLQ more prominent along (L) abd rectus border, ↓ mass palpable, +/- rebound, soft
EXT: ↓ edema, pulses palp bilat 2+

LABS: 12/24 9.5 / 14.6 / 44.2 < 134 N 88 L 7 M 1 E 0 36 | Blood cultures (2) x2

141	103	3
38	26.1	0.8

MG 2.20
PHOS 4.90

ABG - 7.37, 37.3, 92.8, HCO3 22.1, BE -1, 99%

CT scan chest/abd/pelvis → abnormal contrast extravasation of the mesentery and possibly Partially obstructed internal hernia

RELATIONSHIP TO SPONSOR | LAST | SPONSOR'S ID NUMBER (SSN or Other)

(b)(3):10 USC §130b,(b)(6)

DEPART./SERVICE | HOSPITAL OR | ITAIREMENT

PATIENT'S IDENTIFICATION. (For typed or written entries, give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Race; Grade) | REGISTER NO. | WARD NO.

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 9/91)
Prescribed by GSA/ICSM - PAM (FPMR) 101-11.303(a)(19)

GTMO JMG 362

DATE	NOTES
12/28/05	MEDICAL PROGRESS NOTE (cont)
1600	EAP: ① SIRS / FAMILY SEPSIS
	② R/O Intestinal Obstruction
	③ R/O Pneumonia
	PLAN: ① SIRS / FAMILY SEPSIS - Pt with ↑ in WBC count over 24 hrs period with ⊕ Tmax of 101.4. Initial cultures negative. Sources to include Pulmonary (? Early infiltrate on chest xray) / Abdominal (free fluid in pelvis / soft tissue edema / ? early torsion ?). will place on continue 20 sNW. will contact on call surgeon for further evaluation. Consider transfer to DACU if immediately if any signs of decompensation (↑ HR, persistent ↑ temp, hemodynamic instability).
	② R/O Intestinal obstruction - ⊕ CT scan finding concerning for obstruction from soft tissue mass / intestinal torsion?. will consult surgeon for eval.
	③ R/O Pneumonia - questionable early infiltrate on RLL. will await ~~CT~~ repeat film in am for further eval. Pt currently on 20sNW and adequate CAP.

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD — PROGRESS NOTES — AUTHORIZED FOR LOCAL REPRODUCTION

DATE | NOTES

12-24-05
1910

African American Male Patient with Acute Psychosis with Delusional Grandiosity. Per the nurse, staff's recommendation, I am ordering a Psych consultation by Mental Health. The patient has mood swings and at times is attention seeking. At one time he states he is well + appears to be well. A few minutes later he is observed to be eating his fingernails. Patient is stable.

The patient's vital signs - 101.4 F.

Labs: 24 DEC 2005

Mg - 2.2
Phos - 4.4
Glucose - 88
BUN 3(L)

141	105	
3.8	24	88

Albumin - 3.6
AST - 25
ALT - 32
T Bil. - 1.0

24 DEC 05 at 0100

2.9	13.8	164K -
	40	

Neutro 57 / Lymph 31 / 3 Mono -

Exam: Showing male detained - Alert - 1222 hr
HEENT - moist mucous membranes
Lungs - coarse breath sounds
Heart - Rate on & 100
Skin - warm
pulse 75/min 122/90 18/min

Continued →

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST / FIRST / MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION. (For typed or written entries, give: Name - last, first, middle. ID No or SSN, Sex, Date of Birth, Rank, Grade) | REGISTER NO. | WARD NO

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 1-87)
Prescribed by GSA/ICMR FPMR (41 CFR) for (1-203/p12)

RECYCLED
RECYCLABLE

DATE

NOTES

12-21-05 Continued — Skin — no skin breaks down.

12:25 Assessment — Pain in Malnourished Human Status

I am concerned that upon clinical exam he may

be septic due to infection in [redacted]

pneumonia. I have called

to have CT scan of his Chest / abdomen read.

The CT was put in the routine pill to read +

I have asked to have the study read tonight.

Plan → Blood cultures x 2

CX Ray PA + Lat

CBC - stat >

U/A + culture.

Will start him on Zosyn 3.375 gram Piperacillin

IV q 6 hours x 2 doses.

I am using the Piperacillin to cover him Broadly

against a septicemia in pneumonia. As

the test results come back, I will adjust the

antibx coverage accordingly. — GTMO

12-24-05 Medical officer Visit NOTE. 51/min 98% RA BP 105/59

21:12 Review of CXR + Lateral chest x Ray showed

a possible infiltrate in Left upper / Lingula area +

Right lower lobe. CBC:

19.5 / 14.8 / 44 / 139

Diff: Neut 91% Lymph 5%

Assessment: Pneumonia w/ possible septicemia Pleural rate

jump in WBC from am and stat in the Differential to 91%

Pt given Piperacillin. DNT in place for Motrin. Start

Zosyn 3.375 gram q 6° IVPB at midnight. continued →

STANDARD FORM 509 (REV. 5-99) BACK

[redacted]

GTMO JMG 365

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — PROGRESS NOTES

DATE	NOTES
12/23/15	MEDICINE PROGRESS NOTE
1215	S: Pt seen + examined. Complaints of abd pain and b/l flank pain x 2-3 weeks
	O: Temp 97.7 HR64 RR16 119/76 100%RA
	GEN: NAD x3
	HEENT: PERRL, MMM
	LUNGS: CTAB
	ABD: + tenderness over RUQ + LUQ, NABS, BS+
	EXTREM: +/- flank tenderness
	NEURO: pulses palp b/l UE
	LABS: U/A (-) H pylori serum (+) PHOS 2.0 / CR 1.2 / AST 26 / ALT 20 — 143 / 102 / 4 / <10; 3.4 / 20.3 / 0.9 — CA 9.4, MB 4.3
	3.6 > 14.5 / 42.8 < 242 — N 11.1, L 24.4, M 6.4
	Imp: (1) weight loss of undetermined origin
	(2) H pylori bacteremia
	(3) Dyspepsia
	(4) Hx of Nephrolithiasis
	PLAN: (1) WEIGHT LOSS OF UNDETERMINED ORIGIN - Etiologies to include hunger strike PUD, GERD, CARCINOMA, less likely (given age) malignancy
	(2) ~~H pylori bacteremia~~
	(3) Pt is currently on IV Rocephin will await CT scan of ABD/CHEST/PELVIS for further eval. H pylori stool antigen pending. At this time given incomplete hx of abd pain/ current refusal of meds, hunger striking is high on list. If CT scan shows evidence of obstruction/ malignancy/ other etiology of weight loss, will proceed with endoscopy on Dec 30

RELATIONSHIP TO SPONSOR | SPONSOR'S ID NUMBER (USN or Other)

(b)(3):10 USC §130b,(b)(6)

LAST | DEPARTMENT/SERVICE | HOSPITAL OR MEDICAT[illegible]

PATIENT'S IDENTIFICATION (For legal or military status, give: Name - last, first, middle. Rank/Grade; No. or SSN; Sex; Date of birth; Rank/Grade)

REGISTER NO | WARD NO

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 1999)
Prescribed by GSA/ICSR FPMR (41 CFR) 101-11.206(b)(1)

DATE	NOTES
2/23/05	Medical Progress Note (cont)
	2) Hyperthyroidism - Continue PPI PPIs x 2 mos/ H2RAs. Daily Mg, PPIs, K
	3) Dyspepsia - Low bx. cards. on Protonix 40mg IV BID. Consider Endoscopy
	for further workup (scheduled for Friday DEC 30
	4) Nephrolithiasis - U/A w/o signs of infection/ RBC's PT with intermittent pleuritic
	pain. Do not suspect Nephrolithiasis at this time.
	5) Continue to monitor carefully. Consider NG tube if worsening of ct scan worsens.
2-24-05 12:07	Hospital Day #2 Unexplained weight Loss Dyspepsia (b)(3):10 USC §130b,(b)(6)
	Record reviewed. Case discussed w/ [redacted] what is working up this patient. In addition to 1800 cc ad lib - not measuring.
	Patient states he has some slight pain in abdomen + substernum. No Nausea. He is otherwise resting
	Exam: Patient is alert - oriented x 4 spheres
	afebrile 97.8°F, pulse 58/min, Resp 12/min, BP 120/80, O2 sat 96%
	Chest clear
	Abdomen soft
	XRay - Plain films - Chest & lesions. No air under diaphragm
	on KUB - no air fluid levels; increased stool in colon.
	CT scan of chest + abdomen - pending
	A/P ① Hunger Strike suspected w/ 50# weight loss.
	→ Get CT scan Results today
	→ Dietician consult
	→ Check Lab Results today
	② Chest pain - EKG - No significant change from
	Aug 25 2005 EKG Continued pain controlled w/ medication
	27 hunger striking Stable condition at 13:10 - GTMO (b)(3):10 USC §130b,(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
23Dec05 @1325	Medical Nutrition Therapy - Assessment I: Admitted to det hosp secondary to wt. Hx constipation. 24yo det Diet: Liquid Ht: 67" Entry Wt: 172# Current wt (12/22): 122# IBW: 148# %IBW: 82% %UBW: 71% BMI: 19.1 Adj wt/FW: 129#/59kg Est needs: 2065-2360 kcal/35-40 kcal/kg FW 59-89g prot (1-1.5g/kg FW) 1770ml H_2O (30ml/kg FW) Current po intake unknown at this time. To ensure est needs met, would need to provide 1kcal/prot supplementation (ie Ensure Plus). Enteral support indicated if po intake <75% est needs. Will continue to monitor; to obtain weights q 2days. P/R: ① Provide Ensure Plus @ all meals, encourage po intake

(b)(3):10 USC §130b (b)(

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME: LAST | FIRST | MI

SPONSOR'S ID NUMBER (SSN or Other)

DEPARTMENT/SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (For type or station number, give: Name - last, first, middle initial; ID No. or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

#6913

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 3-69)
Prescribed by GSA/ICMR Circular (FPO) (DI (GSA)) (FPMR)

GTMO JMG 368

DATE

NOTES

(b)(3):10 USC §130b,(b)(6)

STANDARD FORM 509 (REV. 5-87) BACK

GTMO JMG 369

NSN 7540-00-634-4176

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba
23 DEC 05 1000	PROGRESS NOTE -- PHYSICAL THERAPY INTIAL ASSESSMENT

Subjective: Patient was referred from M.D. from Detention Hospital Clinic for B LE pain. Patient was recently admitted to the Detention Hospital ward due to significant lost of weight. Patient states that he was given a knee brace a while back but "someone" took it away from me. Able to communicate with PT staff through an interpreter.

Objective:

Observation: Patient was seen bedside and he was in a 2-point restraint. No gross deformities noted and patient was positioned in supine position.

AROM: Bilateral UE/LE grossly WFL

SPECIAL TESTS: Negative Bilateral Lachman's, Varus/Valgus stress or McMurray's tests for his knee. Negative talar tilt tests for his ankles.

PALPATION: (+) global pain along R > L medial/lateral aspects of knee and R > L lateral/medial aspects of mallaoli. Negative patella crepitis noted.

Assessment:

Global R > L knee and ankle pain. No evidence of any ligamentous, meniscal or muscle disruption at this time. Patient would not benefit with either a knee or ankle brace however, would benefit B LE exercises. PT GOALS: a) patient able to demonstrate to PT staff his new exercise program independently in 5-7 days

Plan: 1) Instruct mat/bed exercises for his B knee/ankles by PT staff. Will also do strengthening exercises for gait and standing activities.

2) PT staff will see patient QD while on the hospital ward to ensure compliance with his B LE exercises.

3) F/U with PT as indicated or needed.

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

513-111 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Physical Therapy

(b)(3):10 USC §130b,(b)(6)

DATE OF REQUEST 12/23/05

REASON FOR REQUEST (Complaints and findings)

Retainer w/ recent 50lb wt loss. Retainer of complaints of bilateral knee pain. Please evaluate for knee pain need for knee brace.

PROVISIONAL DIAGNOSIS

Wt. loss

DOC (b)(3):10 USC §130b,(b)(6)

APPROVED

PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO PATIENT EXAMINED ☐ YES ☐ NO TELEMEDICINE ☐ YES ☐ NO

See other SF600

(b)(3):10 USC §130b,(b)(6)

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT
RELATION TO SPONSOR	SPONSOR'S NAME *(Last, first, middle)*	SPONSOR'S ID NUMBER *(SSN or Other)*

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name--last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)*

REGISTER NO.

WARD NO.

693

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.303(b)(10)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

No Note/

Patient wanted to maintain if might lose
Patient wants to claim not hungry enough
because to Urine GI disruptive cause if pain Doesn't
really want to get better. Knows much of fluid but
might. BMI low and will get tube fed if continues
at be admitted Reports liver issues for Keto
basically Doesn't use antiemetics at Home.

VS: 97.7 64 16 114/76 10/ RA

Gen: NAD
Resp: CTAB
CV: RRR nl S1S2
Lyt: CTA

Neuro: Alert Cooperative, Oriented, Mood
mildly depressed affect
GI: BS present NT/ND

Ext: 2+ edema.

143	102	4	110
3.4	26	0.9	

anion gap <3 Ca 16.2 PTT 29.6
Lipase 70 ALT 26 PT 12.2
Phos 2.0 AST 20 INR 1.02
TBili 1.1 ESR 2

H. pylori (+) - Ab.

3.6 | 145 | 102 | 4 | 20 | 11.8

A/P:

Wt loss - differential includes malignancy (colon, pancreatic head, SBO) vs malabsorption
Other Hepatic or alcoholic Thyroid disease, infection (HIV, TB)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST / FIRST / M) | SPONSOR'S ID NUMBER (OSN or Other)

DEPARTMENT/SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION (If no label or written entries, give: Name - last, first, middle / ID No or SSN / Sex / Date of Birth, Month/Date)

REGISTER NO. | WARD NO.

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-92)
Prescribed by GSA/ICRC 5NR 041 0B5) 101-11.3-206(5-92)

GTMO JMG 372

DATE	NOTES
	ⓞ W-Hoss
	Hyp Shk - will work up Medical comp for Cspine plays as hyp shk Lit
	GI issues - AHS for initial work up Consult appr endoscopy and CTAP as part of wk up. ✓ H. pylori and begin treating empirically as a Hospt. D/C aspirin and start IV protonix 40mg ⓟ qd. NPO due to risk of aspiration
	Infectious - ✓ HIV, Hx of ⓒ PCP, gave PPD ✓ CXR PA/Lateral. No other signs of infection - No fever, ↓ WBC likely due to malnutrition.
	Metabolic - Not diabetic. WNL TSH, pt denies other symptoms
	Cancer - 2yr hx of 4th stage lung cancer with not given chemo for CA and CT scan.
	Psychiatric - drug overdose. Unit BHS consult if future if no stable funds. (b)(3):10 USC §130b,(b)(6)

STANDARD FORM 509 (REV. 3-91) BACK

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC §130b,(b)(6) 1/11/06

VERIFIED/ DATE:

MONTH/ YEAR: Jan 06

*****Any refused, not in stock, or other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

RN INT.	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	1/11	1/12	13	14	15	16	17	18	19	20	21	22	23	24
	1/11	I	Reglan 10 mg liquid c̄ each feed	0800	(b)(3):10 USC §130b,(b)(6)													
			& Mag Citrate 30cc liquid c̄ each feed	1400														
	1/11	I	2 Cal X2 + Boost ⊕ x1	0800														
			c̄ 500ml H2O BID	1400														
	1/14	I	2 cal x ii, Boost ⊕ x i, 500cc H2O in AM	AM	X	X	X	X	X	X	X	X	X	(b)(3):10 USC §130b,(b)(6)				
	1/14	I	2 cal x ii, Boost ⊕ x i, Jeuty x i	PM	X	X	X	X	X	X	X	X	←					

SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

DATE	#		INT.	DATE	#		INT
						(b)(3):10 USC §130b,(b)(6)	

D-JTF 888-0-

#693

BLOCK#

GTMO JMG 374

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0108-LF-016-5801

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS*																
	Tylenol	DATE																
	500mg or 650 mg	TIME																
	PO Q 4-6 hrs PRN	DOSE																
	(minor aches, pains ,HA)	INIT.																
	Mylanta	DATE																
	15-30 ML	TIME																
	PO Q 4HR PRN	DOSE																
	(heartburn, indigestion)	INIT.																
	Benadryl	DATE																
	25-50 mg PO Q 6hr PRN	TIME																
	(rhinorrhea, sneezing,	DOSE																
	Watery eyes, Itchy rash)	INIT.																
	Motrin	DATE																
	400-800 mg PO	TIME																
	TID PRN (moderate	DOSE																
	pain, headache)	INIT.																
	Tinactin (tolnaftate)	DATE																
	Topical cream AAA	TIME																
	BID x 2 weeks (Athletes	DOSE																
	Foot, jock itch)	INIT.																
	Sudafed	DATE																
	30-60mg PO	TIME																
	QID PRN (nasal congestion)	DOSE																
		INIT.																
	Cepacol Lozenges	DATE																
	1 PO q 4-6 HR PRN	TIME																
	(sore throat)	DOSE																
		INIT.																
	Analgesic Balm,	DATE																
	AAA TID	TIME																
	for up to 5 days, then notify	DOSE																
	MO	INIT.																
	Milk of Magnesia	DATE																
	as antacid 1-3 tsp with water	TIME																
	up to 4 x a day, as a laxative	DOSE																
	2-4 tsp with 8 oz water	INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INT.																

NICDA

Patient
Address
Room Chair
Allergies
Isolation
Admission
Dx

½ ASCITES

Bed Bath
Shower
Tub
Chart

7

Other

DATE	TREATMENT/SPECIAL NOTES	TIMES
12/22	Admit & Rehydrate	
12/22	Call MO if: HR >100 <50	
	SBP >150 <90, DBP >100, <50	
	RR >30 <10, T >101.5 <97.0	
*	No bathroom for an hour p eating, observe for purging	
12/24	Psychiatric Consult Ramme	
½ per	Diet: 3L TID ≤ 1500 2400	
½	H2O 1-1.5 L qD	
½	D/C from MHead Temple to Neck	

DETAINEE ISN

693

Saliva

Restricted Fluids

ORAL HYGIENE
Self
Assist

DATE

FLUIDS
Turned
Restricted
I&O

DIET

1 Carb 2 gm
2 gm.
@ 1500 ml
Low Fat
2 gm
2 Sodium

DATE

VITAL SIGNS
Temp
Pulse
Resp
B/P
Pulse Ox
Other

FEED

DATE

FEEDING
Self
Assist
Tube Feed

DATE	TREATMENT/SPECIAL NOTES	TIMES
	IVF:	
	Rate:	
	Gauge: Site:	
*	Stop maintenance fluids when running banana bag	

DIAGNOSIS
Significant wt loss
r/t #5

OP/SPECIAL PROCEDURES

AGE | HEIGHT | WEIGHT

PATIENT CLASSIFICATION
Stable

NKDA

DATE	DIAGNOSTIC OR THERAPEUTIC PROCEDURES/EXAMINATIONS/CONSULTATIONS	DATE SENT
12/22	See MAR	
12/22	UA, H.Pylori stool antigen & guiac ☒	
12/22	CXR PA/LAT, AAS ☒	
12/23	PT consult ☒	
12/23	BMP, Mag, Phos, Calcium ☒	
12/23	TSH, CBC, T4, H·Pylori stool antigen & guiac ☒	
12/24	CXR PA & LAT ☒	
12/24	Blood cx x 2 ☒	
12/24	UA for cx ☐	
12/24	CBC stat ☒	

693

JTF-GTMO DETENTION HOSPITAL MEDICATION ADMINISTRATION RECORD

Allergies NKDA Transcribed [redacted] Verified _____ Month/Year 1/06

ANY STARRED ENTRIES MUST BE IN RED INK AND VERIFIED BY RN * = REFUSED ** = NOT IN STOCK ***= NOT GIVEN

START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	1/6	7	8	9	10	11	12	13	14	15	16	17	18	19
12/28		S 1-2 CAL, 2-ENSURE	0800	[redacted]													
		⊕ 150 cc H_2O via DHT	1400														
		2 ENSURE (ONLY) ⊕ 150 cc H_2O	1800														
12/28		2 PKT NEUTRA-PHOS	0800														
			1400														
			1800														
12/28		30 cc Mg CITRATE / 10 mg REGLAN / ~~[illegible]~~ IN AM FEED	0800														
12/28		WEIGHT Q-D	0800														
12/28		20 LOFT 50 mg PO QD	2200														
12/28		40 mg Pectorin PO QD	0800														

INITIALS / PRINTED NAME

[redacted]

D-JTF 00- 888-0-

693

~~2 of 2~~ 1 of 1

GTMO JMG 378

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-5601

SINGLE ORDERS – PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY	DOSES GIVEN- SEE MO ORDERS FIRST FOR CONTRAINDICATONS																	
12/31	Simethicone 80mg PO QID PRN gas/ abd discomfort.	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
1/1	Omeprazole Dr Susp 40mg PO daily before breakfast (apple juice)	DATE	1/1																
		TIME	1100																
		DOSE	1																
		INIT.	(b)(4)																
	Alum, Magnesia, Simethicone Susp 400-400-40 mg/5ml 1 q4h PRN gas/abd discomfort	DATE	(b																
		TIME																	
		DOSE	(b)(3):10 USC §130b,(b)(6																
		INIT.																	
	Milk of Magnesia 2-4 tbsp PO PRN constipation q4h Max 4/day	DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
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		DATE																	
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		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT																	

GTMO JMG 379

Perform within 4 hours of shift start, reassess for significant changes.

	Parameters	0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / DHT has < 50cm extending from nare. Tube able to flush prior to EN infusion.	☐ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT EXCEPTIONS:	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT EXCEPTIONS:
GU	WNL = Able to void. No dysuria or retention	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative.	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS: (b)(1) Sec 1.4	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A

	CORPSMAN SIGNATURE	INITIALS	RN SIGNATURE
AM			(b)(3):10 USC §130b,(b)(6)
PM			(b)(3):10 USC §130b,(b)(6)

ISN # GQ3

Date: 10 Jun 06

WEIGHT: 122 4

Full VS PRN	RR	HR	B/P	TEM	O2 SAT	* PAIN
Date/Time						

SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations

Time	0800	1200	1600	2000	2359	0400
Initials	(b)(3):10 USC §130b,(b)(6)					

Full VS PRN	RR	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time						
Date/Time	16	75	100/58	98.0	98	0
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time				
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0100 / 0900	1400 / 1500	1800 / 1900			
TYPE	1-2cal, 26	1-2cal, 26 @150 a H_2O	26 150			
VOLUME / TOTAL	750 / 750	1500 / 650	2150			
CALORIES / TOTAL	975 / 975	1950 / 500	2450			

NURSING NARRATIVE NOTES

AM SHIFT

0600 Removed sox & dressing. Pt complained of pain to L foot and needs Dr. in NAU.
0700 Labs drawn per order: CMP, CBC, Mg, PM
0900 Dressing completed & pt fed and meds.
1200 Pt completed & fed.

(b)(3):10 USC §130b,(b)(6)

PM SHIFT

1700 - Assumed charge of SN # 673
1730 - Shackles applied to bandages #673 at

(b)(3):10 USC §130b,(b)(6)

If WNL remains for 72 hours or more, reassess for significant changes.

	Parameters	1800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / OHT has < 50cm extending from nare. Tube able to flush prior to EN infusion.	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT EXCEPTIONS:	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT EXCEPTIONS:
GU	WNL = Able to void. No dysuria or retention	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative.	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS:	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS:

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693

Date: 9 Jan 06

WEIGHT: 123 C

	RR	HR	B/P	TEMP	O2 SAT	*PAIN
Date/Time						

SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation Intact. Document deviations						
Time	0800	1200	1600	2000	2359	0400
Initials	(b)(3):10 USC §130b,(b)(6)					

Full VS PRN	RR	HR	B/P	TEMP	O2 SAT	*PAIN
Date/Time						
Date/Time						
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time 1/4/2005	8	BACK		
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0800	1400	1800			
TYPE	1 Z CAL-HI ENSURE	1 Z CAL-2 ENSURE	~~1 BERC~~ 1 ENSURE			
VOLUME / TOTAL	600	100 / 1200	480			
CALORIES / TOTAL	975	975 / 1950	500 / 2450			

NURSING NARRATIVE NOTES

AM SHIFT

0800 - DETAINEE CAME OFF LANING QUIETLY TO BED NAD. (b)(3):10 USC

1200 DET LAYING QUIETLY IN BED NAD (b)(3):10 USC

1600 DET LAYING QUIETLY BED. NAD (b)(3):10 USC

PM SHIFT

2100 Assumed care of detainee. Det sitting up in bed. Fed complete. Flush provided. NAD. Noted. EOS.

0000 - Detainee sleeping in cell. NO NAD.

(b)(3):10 USC §130b,(b)(6)

LATE ENTRY 2100 De[illegible] consultation. Detainee thanks that it is caused by his Zoloft and refuses further Zoloft. Detainee advised to speak to DR Newell [illegible]

0100 - Detainee sleeping in cell. [illegible] detainee [illegible] bed.

(b)(3):10 USC §130b,(b)(6)

Focus Monitoring & Shift Assessment: Perform within 4 hours of shift start; reassess for significant changes.

	Parameters	0600 - 2000	2000 - 0600
NEURO	WNL = A & O x 3	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / OHT has < 50cm extending from nare. Tube able to flush prior to EN infusion.	☒ WNL ☐ REFUSED FEEDING TUBE ☒ RIGHT ☐ LEFT EXCEPTIONS:	☒ WNL ☐ REFUSED FEEDING TUBE ☒ RIGHT ☐ LEFT EXCEPTIONS:
GU	WNL = Able to void. No dysuria or retention	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = Ambulatory or restrained extremities have normal pulse color cap refill, temp, movement and sensation. Exceptions must be documented in narrative.	☒ WNL ☐ REFUS(b)(1) Sec 1.4 A EXCEPTIONS:	D ☒ CUSTODIAL ☐ MEDICAL

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693 Date 1/3/06 WEIGHT 123.3

	WT	RR	B/P	TEMP	O2 SAT	* PAIN
Date/Time	176	22	110/68	97.4	100	

SHACKLE CHECKS: WNL = +2 pulses, cap refill <3sec, warm, FROM, sensation intact. Document deviations

Time	0800	1200	1800	2000	2359	0400
Initials	(b)(3):10 USC §130b,(b)(6)					

Full VS PRN	RR	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time YR 2005						
Date/Time						
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time YR 2005		DENTAL		
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0800	1400	1800			
TYPE	T 2 CAL TT ENSURE	T 2 CAL TT ENSURE	TT ENSURE			
VOLUME / TOTAL	720	720 / 1440	480 / 1920			
CALORIES / TOTAL	975	975 / 1950	500 / 2450			

NURSING NARRATIVE NOTES

AM SHIFT

0800 - ASSUMED CARE PET (b)(3):10 USC §130b,(b)(6)
QUIETLY IN BED. NAD.
1200- PET LAYING QUIETLY IN BE
1600- PET LAYING QUIETLY IN BED NAD. HOV

PM SHIFT

2000 Assumed care of Detainee. Det [illegible] to bed in NAD. Provided [illegible] Detainee c/o allergy and requested 1 bottle of liquid benadryl. Dose provided. Rounds HS
0030 Detainee c/o acid reflux. Medicated with Alumina Magnesia, Simethicone Suspension (b)(3):10 USC §130b,(b)(6)
0130 Detainee c/o acid reflux Medicated with 1 Tums based tablet. Rounds HS
0145 Inspection of Detainee completed. Detainee Det exhibited No Problem taking Percocet pill Po. (b)(3):10 USC §130b,(b)(6)

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start, reassess for significant changes.

	Parameters	0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☐ WNL ☑ REFUSED EXCEPTIONS:	☐ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☐ WNL ☑ REFUSED EXCEPTIONS:	☐ WNL ☑ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / OHT tube = 50cm extending from nare. Tube able to flush prior to EN infusion.	☑ WNL ☐ REFUSED (FEEDING TUBE) ☐ RIGHT ☐ LEFT EXCEPTIONS:	☑ WNL ☐ REFUSED (FEEDING TUBE) ☐ RIGHT ☐ LEFT EXCEPTIONS: right
GU	WNL = Able to void. No dysuria or retention	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating wihout assistance	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremeties have normal pulse, color, cap refill, temp, movement and sensation. Exceptions must be clearly noted in narrative	☑ WNL EXCEPTIONS: (b)(1) Sec 1.4 A	☐ CUSTODIAL ☐ MEDICAL

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693

Date 7 Jan 06

WEIGHT 121.5

	BP	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time						

SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations

Time	0800	1400	1800			
Initials	(b)(3):10 USC §130b,(b)(6)					

Full VS PRN	BP	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time 13 Jan 22			Referred to Guard			8/10
Date/Time 14 Jan 22			Refused			
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time 13 Jan 22			Denied	
Date/Time 14 Jan 22			Denied	
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0500 / 0900	1400 / 1500	1800 / 1900			
TYPE	Tech TC	Tech TC	Tech TC			
VOLUME / TOTAL	150 / 710	1500 / 710	2250			
CALORIES / TOTAL	975 / 975	1950 / 975	2925			

NURSING NARRATIVE NOTES

AM SHIFT

0800 Assessment c/o of Retainer. Retainer removed c food & meds

(b)(3):10 USC §130b,(b)(6)

Ate Dietgenic in MRE

Ate Dietgenic compliant food & meds. All day

(b)(3):10 USC

Ate Not compliant food & meds.

PM SHIFT

(b)(3):10 USC §130b,(b)(6)

2000 — Assessment change (Ex-H Leg) —

2100 — Ate x3 Dietgenic. Offers Refused VS taken —

DAILY ASSESSMENT: Perform within 2 hours of shift start, reassess for significant changes.

	Parameters	300 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 80-100 BPM	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / OHT has < 50cm extending from nare. Tube able to flush prior to EN infusion.	☒ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☒ LEFT EXCEPTIONS:	☒ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☒ LEFT EXCEPTIONS:
GU	WNL = Able to void No dysuria or retention	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☒ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative	☒ WNL ☐ REFUSED ☒ CUSTODIAL ☐ MEDICAL EXCEPTIONS:	☒ WNL ☐ REFUSED ☒ CUSTODIAL ☐ MEDICA EXCEPTIONS:

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693

Date 4 Jan 06

WEIGHT 121.3

Date/Time						
SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations						
Time	0800	1200				
Initials	(b)(3):10 USC §130b,(b)(6)					
Full VS PRN						
Date/Time						
Date/Time						
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time				
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0800	1400	1800			
TYPE	1 2 CAL ZENSURE	1 2 CAL ZENSURE	1 ENSURE			
VOLUME / TOTAL	720	720 / 1440	480 / 1920			
CALORIES / TOTAL	975	975 / 1950	500 / 2450			

NURSING NARRATIVE NOTES

AM SHIFT

0800. ASSUMED CARE OF DET LAHIM QUIETLY IN BED NAD. (b)(3):10 USC (b)(6)
1200. DET LAHIM QUIETLY IN BED NAD.
1600. DET LAHIM QUIETLY IN BED. NAD.

PM SHIFT

2000 = Assumed care of detainee
Det sleeping in bed NAD — (b)(3):10 USC
2200 = Det compliant with Medications
0 Pain, 0 complaints — (b)(3):10 USC §130b,(b)(6)
0400 = Det seen in bathroom
Complaints etc

WNL WNL/Abnormal Shift Assessment: Perform within 2 hours of shift start, reasess for significant changes.

	Parameters	0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting NGT / DHT has < 50cm extending from nare. Tube able to flush prior to EN infusion.	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☑ LEFT EXCEPTIONS:	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☑ LEFT EXCEPTIONS:
GU	WNL = Able to void. No dysuria or retention	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative	☑ WNL ☐ REFUSED ☐ CUSTODIAL ☐ MEDICAL EXCEPTIONS:	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS 2

AM PM	(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)

ISN # 693 Date 1/5/06 WITNESS 1237

Date/Time 1/5		RR Refused	B/P	TEMP	O2 SAT	*PAIN

SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations

Time	0800	1200	1600	2000	2359	0400
Initials	(b)(3):10 USC §130b,(b)(6)			(b)(3):10 USC §130b,(b)(6)		

Full VS PRN	RR	HR	B/P		
Date/Time					
Date/Time					
Date/Time					
Date/Time					

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time				
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	1400	1800				
TYPE	1 2CAL 2 ENSURE	2 ENSURE				
VOLUME / TOTAL	120	480 1200				
CALORIES / TOTAL	975	500 1475				

NURSING NARRATIVE NOTES

AM SHIFT

0800 - ASSUMED CARE. PT LAYING QUIETLY IN BED NAD.

(b)(3):10 USC §130b,(b)(6)

1200 - PT LAYING QUIETLY IN BED NAD.

(b)(3):10

1600 - PT LAYING QUIETLY IN BED NAD.

(b)(3):10 USC §130b,(b)(6)

PM SHIFT

(b)(3):10 USC §130b,(b)(6)

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start and reassess for significant changes.		0800 - 2000	2000 - 0800
	Parameters		
NEURO	WNL = A & O x 3	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / DHT has < 50cm extending from nare. Tube able to flush prior to EN infusion.	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☑ LEFT EXCEPTIONS:	☑ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☑ LEFT EXCEPTIONS:
GU	WNL = Able to void. No dysuria or retention	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☑ WNL ☐ REFUSED EXCEPTIONS	☑ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulse, color and refill, temp, movement and sensation. Exceptions must be documented in narrative	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A

	(b)(3):10 USC §130b,(b)(6)	VITALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693 Date 1/4/06

Full VS PRN						
Date/Time 4/1	16	70	126/64	98.1	100	
SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations						
Time	0800	1200	1600	2000	2359	0400
Initials	(b)(3):10 USC §130b,(b)(6)					
Full VS PRN	RR	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time						
Date/Time						
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time 1/4 @ 1400	6		Tylenol	
Date/Time 1/4 @ 2100			Tylenol	
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	1400 / 1700			2100 / 2200		
TYPE	1-2cal 2G			2cal		
VOLUME / TOTAL	750			500 / 1250		
CALORIES / TOTAL	975			500 / 1475		

NURSING NARRATIVE NOTES

AM SHIFT

1700 Assumed care of detainee. Relaxing in NAU.
Yes Actions compliant & feels well
See Actions in NAU.

(b)(3):10 USC §130b,(b)(6)

PM SHIFT

2100 – Assumed charge IAW #693
2200 – Alert & Oriented. Food Counting
2302 – Food complete

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 393

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start, reassess for significant changes.

	Parameters	0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 4	✓ WNL ☐ REFUSED EXCEPTIONS:	✓ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = EFR RATE / DEPTH 12-20 BREATHS / MIN	✓ WNL ☐ REFUSED EXCEPTIONS:	✓ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = RDG RADIAL PULSE 60-100 BPM	✓ WNL ☐ REFUSED EXCEPTIONS:	✓ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting NGT / OGT has < 30cm extending from nare. Tube able to flush prior to PN infusion.	✓ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ✓ LEFT EXCEPTIONS:	✓ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ✓ LEFT EXCEPTIONS:
GU	WNL = Able to void. No dysuria or retention	✓ WNL ☐ REFUSED EXCEPTIONS:	✓ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	✓ WNL ☐ REFUSED EXCEPTIONS:	✓ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	✓ WNL ☐ REFUSED EXCEPTIONS:	✓ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled ISN number above bed.	✓ WNL ☐ REFUSED EXCEPTIONS	✓ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = [illegible]	✓ WNL EXCEPTIONS:	[illegible] ODIAL ☐ MEDICAL

(b)(1) Sec 1.4 A

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693

Date 2 JAN 2006

WEIGHT [illegible]

Date/Time						

SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations

Time	0800	1200	1600	2000	2359	0400
Initials	(b)(6)					

Full VS PRN	RR	HR	B/P	TEMP	O2 SAT	*PAIN
Date/Time						
Date/Time	18	73	136/	98.7	97	2
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time 1800			denies	
Date/Time 1130/0600			denies	
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0800 / 0910	1400 / 1500		2200 / 2300	Clear / 0700	
TYPE	3E	1-2cal 2E		2ENS	+2 Carb 2ENS	
VOLUME / TOTAL	750 / 750	1500		475cc	411cc	
CALORIES / TOTAL	750 / 750 975	1500 1125		500 cals	975cal 1375	

NURSING NARRATIVE NOTES

AM SHIFT

0800 Retained complete, feed made. Primary
IV D/C'd Dressing for
Tylenol 650g given from
1200 Retains in NAD.
1400 Retains complete feed.
1600 Given med. Complete
1900 Ret. in NAD.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

PM SHIFT

2200 - Ret. in bed resp. I.V. #673
2300 - Ret. c/o pain. Tylenol given
Feed complete
Feed began
Feed complete

(b)(3):10 USC §130b,(b)(6)

I. Smith 673

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start and reassess for significant changes.

	Parameters	0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / OHT has < 50cm extending from nare. Tube able to flush prior to IVN infusion.	☑ WNL ☐ REFUSED (FEEDING TUBE) ☐ RIGHT ☐ LEFT EXCEPTIONS:	☒ WNL ☐ REFUSED (FEEDING TUBE) ☐ RIGHT ☐ LEFT EXCEPTIONS: OHT
GU	WNL = Able to void. No dysuria or retention	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions.	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled ISN number above bed	☑ WNL ☐ REFUSED EXCEPTIONS:	☒ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	(CA = Cuffs applied or [illegible] restraints, [illegible] approved and [illegible]	☑ WNL ☐ REFUSED ☑ CUSTODIAL ☐ MEDICAL EXCEPTIONS:	☒ WNL ☐ REFUSED ☒ CUSTODIAL ☐ MEDICA EXCEPTIONS:

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

SEX: [illegible] Date: 2 Jan 06 WEIGHT: [illegible]

Date/Time						
SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations						
Time	0800	1200				
Initials	(b)(3):10 USC §130b,(b)(6)					
Full VS PRN						
Date/Time						
Date/Time	14	81	110/73	97.2	100	0
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time 1/2/08 0800			Levien	
Date/Time 1/2 (b)(3):10 USC §130b,(b)(6)				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0800 / 0900	1600 / 1700		0001 / 0100		
TYPE	3E	3E		3 in 1's		
VOLUME / TOTAL	- / 750	750 / 1500		750cc		
CALORIES / TOTAL	- / 750	750 / (1500)		750		

NURSING NARRATIVE NOTES

AM SHIFT

0800 Assumed care of detainee. Feeding and medication pass. Detainee denies pain and c/o complaints.
900 Det. Compliant: feed and meds
800 Det. in NAD.
800 Det. compliant: feed.
900 Det. in NAD.

(b)(3):10 USC §130b,(b)(6)

PM SHIFT

2000 - Assumed charge FSW # 643 - (b)(3):10 USC §130b,(b)(6)
2100 - Det. NAD. CBM
0004 - Feed began
0100 - Feed complete

693

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start, reasess for significant changes.

	Parameters	0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	☐ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / DHT has < 50cm extending from nare, Tube able to flush prior to EN infusion.	☐ WNL ☐ REFUSED FEEDING TUBE ☑ RIGHT ☐ LEFT EXCEPTIONS:	☐ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT EXCEPTIONS: DHT
GU	WNL = Able to void. No dysuria or retention	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SKIN	WNL = Skin intact. Inspect nares for damage or lesions	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS: Dried skin behind ears
MUSCULO-SKELETAL	WNL = Ambulating without assistance	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	☑ WNL ☐ REFUSED EXCEPTIONS:	☑ WNL ☐ REFUSED EXCEPTIONS:
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulse color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative.	☑ WNL ☐ REFUSED ☐ CUSTODIAL ☐ MEDICAL EXCEPTIONS:	☑ WNL ☐ REFUSED ☐ CUSTODIAL ☐ MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A

	CORPSMAN SIGNATURE	INITIALS
AM		(b)(3):10 USC §130b,(b)(6)
PM		

ISN # 693

Date 01 JAN 06

WEIGHT 122.6

FULL VS DAY	RR	HR	BP	TEMP	O2 SAT	PAIN
Date/Time			Refused			

SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact, Document deviations					
Time	0545	1600	2000	2350	0400
Initials	(b)(3):10 USC §130b,(b)(6)				

FULL VS PRN						
Date/Time						
Date/Time						
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time				
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0815	1600	2200			
TYPE	ENS 3 Cho	ENS 3 Cho	3 ounce			
VOLUME / TOTAL	711 711	711 1422	711 2133 mL			
CALORIES / TOTAL	750 0	750 1500	750 2250	0		

NURSING NARRATIVE NOTES

AM SHIFT

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

FM SHIFT

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1)		
			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 every 4 hours.		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Ind		1 hour of restraints)
			G		
			INITIATION OF RESTRAINTS – ME		
			Reason for Restraint: Medical Neces		
			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. Detain		f he eats, that involuntary
			feeding in medical restraints will no longer b		
			GITMO		

(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.

DOCTORS ORDERS
MEDICAL RECORD

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/20/14 @1810	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)
3/21/14 @1005	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F/ __ 12 F enteral feeding tube was
	inserted in the __ R/ __ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
3/21/14 @1200	**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 1200. 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

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
5/30/15	Left arm	1005	1300	Left leg	1005	1300
	Right arm	1005	1300	Right leg	1005	1300

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	H J K	(b)(3):	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	H J K	(b)(3):10 USC §130b,(b)(6)	1615			2215		
0430			1030	H J K		1630			2230		
0445			1045	H J K		1645			2245		
0500			1100	H J K		1700			2300		
0515			1115	H J K		1715			2315		
0530			1130	H J K		1730			2330		
0545			1145	H J K		1745			2345		

Signature	Initials	Signature	Initials		Initials
				(b)(3):10 USC §130b,(b)(6)	

GTMO JMG 402

508-101 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
28 Mar 07			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0745			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 every 4 hours.		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Indepen (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA		
			Reason for Restraint: Medical Necessity		
			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 long (b)(3):10 USC §130b,(b)(6)		
			GIT		

(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

1803 pm

STANDARD FORM 508 (REV. 8-84)
Prescribed by GSA/ISOO 32 CFR 2001.45(d) ISOO

GTMO JMG 403

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
3/28/06 0130	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)
3/28/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
0130	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)
3/28/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
0150	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 150. 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)

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/25/[illegible]	Left arm	1300	1500	Left leg	1300	1500
	Right arm	1300	1500	Right leg	1300	1500

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	LWDKK	(b)(3):10 USC §130b,(b)(6)	1900		
0115			0715			1315	LWDKK		1915		
0130			0730			1330	LWDKK		1930		
0145			0745			1345	LWDKK		1945		
0200			0800			1400	LWDKK		2000		
0215			0815			1415	LWDKK		2015		
0230			0830			1430	LWDKK		2030		
0245			0845			1445	LWDKK		2045		
0300			0900			1500	LWDKK		2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

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

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'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 indepe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITM		
			INITIATION OF RESTRAINTS – MEDIC TE		
			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 D		

(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	PROGRESS NOTES (Sign all orders)
3/23/06 0820	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)
3/23/06 0820	**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 w
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
3/23/06 0820	**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 1600. 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

(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

NAVMEDSTAMONPAC 6600.1 (Rev. 5-02)

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/18/04	Left arm	0520	730	Left leg	0520	640
	Right arm	0520	730	Right leg	0520	640

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	[illegible]		1430			2030		
0245			0845	[illegible]		1445			2045		
0300			0900	[illegible]		1500			2100		
0315			0915	[illegible]		1515			2115		
0330			0930	[illegible]		1530			2130		
0345			0945	[illegible]		1545			2145		
0400			1000	[illegible]		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 408

SOS-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
7/10/04 0730			**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 Indepen (b)(3):10 USC §130b,(b)(6)) within 1 hour of restraints)		
7/10/04 1430			GITMO (b)(3):10 USC		
			INITIATION OF RESTRAINTS -- MEDICA		
			Reason for Restraint: Medical Necessity f		
			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 b (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.

USB pm

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/OMR, FIRMR (41 CFR) 201-9.202

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
23MAR05 C1447	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). (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
24MAR05 C1447	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b,(b) 12 F enteral feeding tube was
	inserted in the (b)(3):10 USC §130b,(nostril using standard procedure. A style (b)(3):10 USC 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)
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
27MAR05 C1640	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 1640. Detainee (b)(3):10 USC §130b,(b) did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episod (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)

693

PROGRESS NOTES
Medical Record

STANDARD FORM 600 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

GTMO JMG 410

NAVMEDPUB 6655.1 Series

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
17 mar 06	Left arm:	1443	1648	Left leg	1443	1648
	Right arm:	1407	1648	Right leg	1443	1648

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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		
0630			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	H,I,K,O		2100		
0315			0915			1515	H,I,K		2115		
0330			0930			1530	H,I,K		2130		
0345			0945			1545	H,I,K		2145		
0400			1000			1600	H,I,K		2200		
0415			1015			1615	H,I,K		2215		
0430			1030			1630	H,I,K		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

693

GTMO JMG 411

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
21 Mar 06 0930			**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 Inde LIP) within 1 hour of restraints)		
Dated: 21 Mar 06 0945			GIT (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS – MED E		
			Reason for Restraint: Medical Necess		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITM		

(continued 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

GTMO JMG 412

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
24MAY06	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
0820	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
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
24MAY06	Indication: Malnutrition; hunger strike (b)(3):10 USC
0920	Under local anesth (b)(scous lidocaine, 2% / X12 F enteral feeding tube was
	inserted in the X R 3):1 nostril using standard procedure. A style (b)(was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insuffiation and test dose of water. Successful procedure without complications (b)(3):10 USC
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
24MAY06	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1010	and was released from restraints and (b)(3):10 his cell in good condition. Detainee was
	released from restraints at 1010. Deta 0 USC did not have physical injury from (b)(3):10
	episode. Detainee reported the following problems related to the restraint episode USC
	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)

693

PROGRESS NOTES
Medical Record

GTMO JMG 413

NAVMEDSPCMD FORM 6100/7 (Rev. 3-00)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
29 MAR 04	Left arm	0234	1019	Left leg	0820	1200
	Right arm	0828	1014	Right leg	0824	1203

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	1,12,I,K,P	(b)(3)	1430			2030		
0245			0845	1,12,I,K	):10	1445			2045		
0300			0900	1,12,I,K	USC	1500			2100		
0315			0915	1,12,I,K	§13	1515			2115		
0330			0930	1,12,I,K	0b,(	1530			2130		
0345			0945	1,12,I,K	b)(6)	1545			2145		
0400			1000	1,12,I,K		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

Administrative

(b)(3):10 USC §130b,(b)(6)

693

GTMO JMG 414

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
24 MAR 06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0700			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 Inde (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
NOTED: 24 MAR 06 1400			(b)(3):10 USC GI		
			INITIATION OF RESTRAINTS -- MED		
			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 (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

1693 (2 of 2)

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
2 MAR 06	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
0423	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
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
2 MAR 06	Indication: Malnutrition; hunger strike
1423	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 / 12 [illegible] feeding tube was
	inserted in the R (b)(3):10 ostril using standard procedure. A s (b)(3):10 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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
2 MAR 06	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
~ 1620	and was released from restraints and re (b)(3):10 his cell in good condition. Detainee was
	released from restraints at 1620 Detai did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episo (b)(3):10 USC
	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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
20090216	Left arm	1427	1430	Left leg	1427	1430
	Right arm	1423	1430	Right leg	1423	1430

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

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

*Minimum Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

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MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
26Mar06 0730			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec		
			Reason For Restraint: Medical Necessity for Feeding		
			Medical Restrainis 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 Indepe within 1 hour of restraints)		
			GITM (b)(3):10 USC	(b)(3):10 USC §130b,(b)(6)	
			INITIATION OF RESTRAINTS -- MEDIC		
			Reason for Restraint: Medical Necessity		
			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 b		
			GITMO (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

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
2 Jan 06	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
0758	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
2 Jan 06 0758	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 X 12 F enteral feeding tube was
	inserted in the X R (b)(3):10 stril using standard procedure. A styl (b)(3 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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
2 Jan 06	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
0820	and was released from restraints and re his cell in good condition. Detainee was
	released from restraints at 0820 Detain (b)(3):10 did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episod (b)(3):10 USC
	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)

#693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
20 Nov 04	Left arm	0758	0958	Left leg	0758	0958
	Right arm	0758	0958	Right leg	0758	0958

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,I,K		1400			2000		
0215			0815	1,12,I,K		1415			2015		
0230			0830	1,12,I,K		1430			2030		
0245			0845	1,12,I,K		1445			2045		
0300			0900	1,12,I,K		1500			2100		
0315			0915	1,12,I,K		1515			2115		
0330			0930	1,12,I,K		1530			2130		
0345			0945	1,12,I,K		1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC

#693

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
5 Mar 06 0130			**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 Indepe (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			GITM		
			INITIATION OF RESTRAINTS -- MEDIC		
			Reason for Restraint: Medical Necessity		
			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 long (b)(3):10 USC §130b,(b)(6)		
			GI		

(continued on reverse)

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

GTMO JMG 421

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/23/14 @1900	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)
3/24/14 @1300	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _ 12 F enteral feeding tube was
	inserted in the _ R/ _ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC
3/25/14 @1500	**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 1500. 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

(continue on reverse s

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/25/12	Left arm	1300	1500	Left leg	1300	1500
	Right arm:	1300	1500	Right leg	1300	1500

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	WD BK		1900		
0115			0715			1315	WD BK		1915		
0130			0730			1330	WD BK		1930		
0145			0745			1345	WD BK		1945		
0200			0800			1400	WD BK		2000		
0215			0815			1415	WD BK		2015		
0230			0830			1430	WD BK		2030		
0245			0845			1445	WD BK		2045		
0300			0900			1500	WD BK		2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b (b)(6)

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
25 Mar 0900			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
27 Mar 0900			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 Indepen[illegible] within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA[illegible]		
			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 longe[illegible]		
			GITM[illegible]		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(continued on reverse s[illegible]

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

093 Apr

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/26/06	Left arm	0820	0955	Left leg	0820	0955
	Right arm	0820	0955	Right leg	0820	0955

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	HO IK		1400			2000		
0215			0815	HO IK		1415			2015		
0230			0830	HO IK		1430			2030		
0245			0845	HO IK		1445			2045		
0300			0900	HO IK		1500			2100		
0315			0915	HO IK		1515			2115		
0330			0930	HO IK		1530			2130		
0345			0945	HO IK		1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

Additional signatures

(b)(3):10 USC §130b.(b)(6)

693 am

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
24 Oct 06 0730			**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 Indepen (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA		
			Reason for Restraint: Medical Necessity f		
			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 longe (b)(3):10 USC §130b,(b)(6)		
			GITM		

(continue on reverse s

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

GTMO JMG 426

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/24/05	Left arm			Left leg		
	Right arm			Right leg		

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

Additional pages

693pm ... pt fell due to [illegible] pt ... [illegible] pt ... [illegible]

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
24 MAY 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			Place Detainee in (b)(1) Sec 1.4.A		
			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 Independ (b)(3):10 USC §130b,(b)(6) thin 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 b (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 or rank; ratc, hospital or medical facility)

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/04/04 @ 1430	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 (60-12 (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
3/24/04 @ 1430	**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 (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
3/24/04 @ 1430	**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 1430. 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)

(continue on reverse)

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

NAVMED 6570/6 (REV. 1-2000)

Date: [redacted]

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	1430	1450	Left leg	1430	1450
Right arm	1430	1450	Right leg	1430	1450

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430	IN2 IK		2030		
0245			0845			1445	IN2 EK		2045		
0300			0900			1500	IN2 EK		2100		
0315			0915			1515	IN2 EK		2115		
0330			0930			1530	IN2 EK		2130		
0345			0945			1545	IN2 EK		2145		
0400			1000			1600	IN2 EK		2200		
0415			1015			1615	IN2 EK		2215		
0430			1030			1630	IN2 EK		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

Administrator

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

508-111

NSN 7540-00-634-4

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
23 DEC 08			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
2130			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		
			(Order to be signed by Licensed Indep IP) within 1 hour of restraints)		
			GIT		
			INITIATION OF RESTRAINTS -- MEDI		
			Reason for Restraint: Medical Necessi		
			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		
			GITMO		

(b)(3):10 USC §130b,(b)(6)

(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

093

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/23/06	
0835	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) 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)
3/23/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
0835	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)
3/23/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
1034	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 1035. 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)

(continue on reverse)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

NAVMEDFOR 6500/1 (REV. 1-2004)

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/23/06	Left arm	0635	1035	Left leg	0635	1035
	Right arm	0635	1035	Right leg	0635	1035

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	1,2,12,13		1430			2030		
0245			0845	1,12,3		1445			2045		
0300			0900	1,12,13		1500			2100		
0315			0915	1,12,13,TK		1515			2115		
0330			0930	1,12,13		1530			2130		
0345			0945	1,12,13		1545			2145		
0400			1000	1,12,13,TK		1600			2200		
0415			1015	1,12,13,TK		1615			2215		
0430			1030	1,12,13,TK		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 433

508-1 11

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3 DEC 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			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 (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			INITIATION OF RES E		
			Reason for Restraint		
			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		
			GITM (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; date; hospital or medical facility)

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

GTMO JMG 434

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/23/06 1430	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
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)
3/23/06 1430	**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 procedu
	GITMO Dr. / Nurs (b)(3):10 USC §130b,(b)(6)
3/23/06 1200	**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 1200. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problem isode.
	GITMO Nursa (b)(3):10 USC §130b,(b)(6)

(continue on rev

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

PROGRESS NOTES
Medical Record

JMG 3

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/23/06	Left arm	1430	1600	Left leg	1430	1600
	Right arm	1430	1600	Right leg	1430	1600

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430	1,2,13,5,4	(b)(3):10 USC §130b,(b)(6)	2030		
0245			0845			1445	1,2,13		2045		
0300			0900			1500	1,2,13		2100		
0315			0915			1515	1,2,13,5,4		2115		
0330			0930			1530	1,2,13		2130		
0245			0945			1545	1,2,13		2145		
0400			1000			1600	1,2,13,5,4		2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

1,2,13

GTMO JMG 436

NSN 7540-00-634-4121

111

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2000			Place Detainee in (b)(1) Sec		
2000			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 Indepe within 1 hour of restraints)		
1200	1200		(b)(3):10 USC §130b (b)(6) SITM		
			INITIATION OF RESTRAINTS -- MEDIC		
			Reason for Restraint: Medical Necessit		
			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 lon (b)(3):10 USC §130b,(b)(6) G		

(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

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-8.202.1

GTMO JMG 437

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
22MAR06	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
1455	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
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
22MAR06	Indication: Malnutrition; hunger strike
1455	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 X 12 F enteral feeding tube was
	inserted in the X R (b)(3):10 ostril using standard procedure. A stylet (b)(3): 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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
22MAR06	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1650	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1650 Detai (b)(3):10 did not have physical injury from (b)(3):10 USC
	episode. Detainee reported the following problems related to the restraint episod
	GITMO Nurse

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
29 MAR 12	Left arm	1455	1650	Left leg	1455	1650
	Right arm	1455	1650	Right leg	1455	1650

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b (b)(6)

Administration

493

DOCTOR'S ORDERS
(Sign all orders)

MEDICAL RECORD DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2anuOC 0730			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 Checkli (b)(3):10 USC §130b,(b)(6)		
			(Orders to be signed by Licensed Ind within 1 hour of restraints)		
dated: 2anuOec 0830			(b)(3):10 USC		
			INITIATION OF RESTRAINTS -- ME		
			Reason for Restraint: Medical Neces		
			Despite being advised that hunger st ealth, 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 long (b)(3):10 USC §130b,(b)(6)		
			GI		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

22MAR0[illegible] Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity

[illegible]0833 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 med (b)(3):10 USC §130b,(b)(6)

restraints until feed and post feed observation (60-120 minutes).

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

22MAR0[illegible] 0832 Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 X12 F enteral feeding tube was

inserted in the X R (b)(3):1 nostril using standard procedure. A styl (b)(3):10 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

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

22MAR0[illegible] [illegible]1825 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 1825. Detainee (b)(3):1 did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(continue on reverse side)

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

[illegible]

PROGRESS NOTES
Medical Record

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
22MAY06	Left arm	0733	1025	Left leg	0833	1025
	Right arm	0833	1025	Right leg	0833	1025

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845	4,12,I,L		1445			2045		
0300			0900	4,12,I,L		1500			2100		
0315			0915	4,12		1515			2115		
0330			0930	4,12		1530			2130		
0345			0945	4,12,I,L		1545			2145		
0400			1000	4,12		1600			2200		
0415			1015	4,12		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b (b)(6)

a93

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
3 Mar 06			Place Detainee in (b)(1) Sec		
0130			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 Indepe LIP) within 1 hour of restraints)		
			GITM		
			INITIATION OF RESTRAINTS -- MEDIC E		
			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 b		
			GITMO		

(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; name hospital or medical facility)

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

1043 pm

STANDARD FORM 509 (REV. 3-84)
Prescribed by GSA/ISOO/FIRMR Filing (41 CFR) 201-9.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY – NURSING NOTE
2 MAR 06 1457	Detainee placed in (b)(1) Sec 1.4.A 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 [illegible]
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)
2 MAR 06 1407	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE** Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F / (12 F enteral feeding tube was
	inserted in the (R) / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
2 MAR 06 1457	**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 1600. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems [illegible] episode.
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
[redacted]	Left arm	[redacted]	[redacted]	Left leg	[redacted]	[redacted]
	Right arm	[redacted]	[redacted]	Right leg	[redacted]	[redacted]

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	[redacted]		2000		
0215			0815			1415	[redacted]		2015		
0230			0830			1430	[redacted]		2030		
0245			0845			1445	[redacted]		2045		
0300			0900			1500	[redacted]		2100		
0315			0915			1515	[redacted]		2115		
0330			0930			1530	[redacted]		2130		
0345			0945			1545	[redacted]		2145		
0400			1000			1600	[redacted]		2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b.(b)(6)

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
21 MAR 08 0730			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 Independ within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICAL		
			Reason for Restraint: Medical Necessity fo eeding		
			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 long		
			GIT		

(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

(MB) AM

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
3/21/14 @ 0815	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)
3/21/14 @ 0815	**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 w
	GITMO Dr. / Nurse (b)(3):10 USC
3/21/14 @ 1010	**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 1010. 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)

(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 600 (REV. 7-81)
Prescribed by GSA, GSR, FPMR (41 CFR)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
5/21/04	Left arm	0815	1010	Left leg	0815	1010
	Right arm	0815	1010	Right leg	0815	1010

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	I,J,K		1415			2015		
0230			0830	I,J,K		1430			2030		
0245			0845	I,J,K		1445			2045		
0300			0900	I,J,K		1500			2100		
0315			0915	I,J,K		1515			2115		
0330			0930	I,J,K		1530			2130		
0345			0945	I,J,K		1545			2145		
0400			1000	I,J,K		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Sig

(b)(3):10 USC §130b (b)(6)

505-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
20Mar04 0720			**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 Indepen ?) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA		
			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		
			GITMO		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(continued 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

0493

STANDARD FOR 505 (REV. 3-94)
Prescribed by USA/ROMK, FIRMR (41 CFR) 201-8.202

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 14-May-05

ISN: 688-00-0693

Time: 1701

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT: Detainee with a smile stated, "I'm good. I'm not crazy. They know me no crazy." Detainee limited his interaction with me spoke with the guard briefly and he said he don't want to talk anymore to BHS.

Objective:

Visited feeding block with without Interpreter. Detainee was seen seated inside his segregation cell. Detainee appeared well nourished with energy as he uttered with normal tone of voice his comments. Detainee wore a black support brace on his right ankle. According to the nutritionist flow chart, there's no detainee current weight for May. His last weight dated 6 April was 150.6 pounds and his height is 66.5 inches. His in processing weight was 149 pounds in Jan 2002 (Average weight = 134). Detainee did not appear to be in any physical or mental distress at this time. SIB noted or observed. Internal or external stimuli was noted or observed.

Mental Status Exam:

Appearance:	neat/clean	Mood:	mellow
Distinguishing Features:	none noted	Affect:	congruent
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech:	normal English	Thought Process:	goal directed
Eye Contact:	good	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	average
Memory:	intact	Insight/Judgment:	good

Level Status: Level III

Self-Injurious Behavior: Detainee denied or none noted

Assessment:

Dx: No Diagnosis on Axis I Antisocial and Borderline Traits

It appeared detainee did not appear to be in any mental or physical distress at this time. Although detainee have his reason for being involuntarily feed since January, it appeared detainee will continue to be on hunger striker until he's release to his home country. He does not seem to have any concerning depressive symptoms or evidence of thought disorder. The detainee's food refusal coincides with multiple other food refusals who were or are demanding release and or for medical reasons.

Plan:

Continue to rule out symptoms or evidence of thought/mood disorder in 7 days providing detainee will talk.

- ☑ F/U is scheduled for every week
- ☐ Initiate or maintain precautions for
- ☐ Recommend medication evaluation
- ☐ Encourage fluid intake and eating
- ☐ Discuss case at next treatment team
- ☐ Referral to psychologist for complete evaluation
- ☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

(b)(2)

DOB:

688-00-0693

DD FORM - ARMY, RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 02-May-06

Time: 1040

ISN: 882-00 0693

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Food Refusal: Attempted to speak with detainee via Arabic interpreter. Detainee stated "I am good everything is good. Are you from Psych, oh no, I have nothing to say I know your questions and you know my answers. Have a good day." When questioned about SI/HI/AVH Detainee stated "No. No, good bye, I do not want to talk." Detainee refused to answer any questions in regards to somatic complaints or sleeping and eating.

Objective:

Upon approach to cell detainee was standing at the bean hole speaking with block guard. Detainee's rate, tone, and rhythm of speech were all within normal limits per Interpreter. Detainee appeared to be well nourished and within grooming standards. Detainee was not cooperative with interview when he discovered that this technician was from BHU. According to the nutritionist flow chart, detainee current weight is 154 pounds (gained 4 pounds since his last weight on 08APR06) Cognition appeared to be intact. No SIB was observed or noted from block guards. Detainee did not appear to be experiencing any internal or external stimuli.

Mental Status Exam:

Appearance:	neat/clean	Mood:	euthymic
Distinguishing Features:	none noted	Affect:	constricted
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech:	normal Arabic per interpreter	Thought Process:	coherent
Eye Contact:	good	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	distracted
Motor Skills:	within normal limits	Intelligence:	average
Memory	intact	Insight/Judgment:	adequate

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Detainee does not want to interact with BHU. This is the first interaction with this Detainee by this Technician. According to previous SF600 Detainee has history of refusing to speak with the BHU. He does not seem to have any concerning depressive symptoms or evidence of thought disorder.

Plan:

Continue with treatment plan.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5 94)

ISN: 888-00-0693

Cell#: (b)(2)

Date: 25-Apr-06

Time: 1307

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Food Refusal: Attempted to speak with detainee via Arabic interpreter. Detainee stated "I am good everything is good. I do not want to talk to you." Detainee denied any SI/HI/AVH.

Objective:

Upon approach to cell detainee was standing at the bean hole. Detainee's rate, tone, and rhythm of speech were all within normal limits.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: ranging via interpreter

Eye Contact: good

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: euthymic

Affect: congruent

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: impaired

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

Food Refusal: Detainee does not want to talk to BHU.

Plan:

Continue with current treatment plan.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 688-00-0693
Cell#: (b)(2)

Date: 18-Apr-06
Time: 1909

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:
FOOD REFUSAL: This tech met with the Det on block today. Det states "I do not want to talk to you." Det was informed to contact BHU if he has SI/HI ideations or A/V hallucinations

Objective:
Det was sitting in cell when this tech approached. Det stood momentarily to wave tech away. Det spoke in a normal rate, rhythm and tone.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: normal Arabic
Eye Contact: poor
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Detainee denied or none noted

Assessment:
FOOD REFUSAL: Det does not want to interact with BHU. Det is normal self. Det has a history of refusing to speak to BHU.

Plan:
Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detainee Hospital, GTMO, Cuba
SEX: Male

(b)(2)

688-00-0693

0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV. 5-84)

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 10-Apr-06

ISN: 888-00-0693

Time: 1757

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL. This tech attempted to speak to Det via Arabic interpreter. Det states "I don't want to talk to you." Det was encouraged to contact BHU should he experience SI/HI ideations or A/V hallucinations.

Objective:

Det was standing in cell when this tech approached. Det spoke in a normal rate, rhythm and tone.

Mental Status Exam:

Appearance:	neat/clean	Mood:	unable to assess
Distinguishing Features:	none noted	Affect:	unable to assess
Alert/Orientation:	alert	Thought Content:	unable to assess
Speech:	normal Arabic	Thought Process:	unable to assess
Eye Contact:	good	Thought Perception:	unable to assess
Communication:	normal	Attention/Concentration:	unable to assess
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not want to speak with BHU.

Plan:

Continue with treatment plan.

- ☑ F/U is scheduled for every week
- ☐ Initiate or maintain precautions for
- ☐ Recommend medication evaluation
- ☑ Encourage fluid intake and eating
- ☐ Discuss case at next treatment team
- ☐ Referral to psychologist for complete evaluation
- ☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB

(b)(2)

888-00-0693

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 01-Apr-06

ISN: 888-00-0693

Time: 0852

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Detainee refused to talk to BHS tech, unable to complete assessment.

Objective:

Detainee was strapped in feeding chair with mask covering his mouth. He indicated by shaking his head that he did not want to talk to BHS. He was appropriately dressed in orange shirt and long pants. There were no other self-injurious behavior noted.

Mental Status Exam:

Appearance: dissheveled
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: unable to assess
Eye Contact: poor
Communication: unable to assess
Motor Skills: unable to assess
Memory: unable to assess

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: limited understanding choices impacted on situations

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

Axis I: Defer
Axis II: Defer
Axis III: Defer to medical record

Plan:

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV. 8-85)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 25-Mar-06

Time: 1917

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak to the Det via Arabic interpreter. Det states, "I do not want to speak to you." Det was encouraged to contact BHU should he experience SI/HI ideations or A/V hallucinations

Objective:

Det stood during assessment. Det spoke in a normal rate, rhythm and tone. MA's claim that the Det does not cause problems on the block.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: normal Arabic
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact
Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not wish to speak to BHU.

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Blueprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

DD FORM 2900 (NOV 2004)

HEALTH RECORD: CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 18-Mar-06

ISN: 353-00-0693

Time: 1828

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:
FOOD REFUSAL: Det states that he does not wish to speak with BHU. Det was encouraged to contact BHU should he have SI/HI ideations or A/V hallucinations.

Objective:
Det was laying in bed when this tech approached. Det did not look at tech when he stated that he did not want to engage with BHU.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: normal Arabic
Eye Contact: poor
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:
FOOD REFUSAL: Det does not wish to interact with BHU

Plan:
Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

353-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 4-94)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 10-Mar 06

Time: 1936

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

This tech attempted to speak to Det via Arabic interpreter. Det states that he does not want to talk to BHU about "stupid" questions. Det was encouraged to contact BHU should he experience SI/HI ideations or A/V hallucinations.

Objective:

Det stood in cell. Det spoke in a normal rate rhythm and tone. Det was curt with his remark.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: normal Arabic
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level II
Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not wish to interact with BHU.

Plan:

continue with BHU.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital GTMO, Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV. 5-94)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 03-Mar-06

Time: 1145

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Tech attempted to conduct an assessment with detainee, via an arabic interpreter. Detainee stated, in arabic "you know I don't want to speak with you, leave me alone" Detainee refused to answer any questions regarding suicical or homicidal ideations. He did not voice any somatic complaints. Assessment was unsuccessful

Objective:

Upon arrival, detainee was seen sitting in a chair in his cell. He was being observed by the guards after a feeding session. Detainee did not look to be in any distress.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: scars
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: fair
Communication: inappropriate
Motor Skills: within normal limits
Memory: intact

Mood: irritable
Affect: constricted
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: distracted
Intelligence: average
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

Food refusal.

Detainee did not respond to questions about food refusal. He was uncooperative with tech and arabic interpreter. Tech encouraged detainee to stay nourished and drink water on a daily basis.

Plan:

Continual food refusal precautions

☑ F/U is scheduled for once a month
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

ISN:

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-87)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 868-00-0693

Cell#: (b)(2)

Date: 23-Feb-08

Time: 1758

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Tech attempted to conduct a psychiatric assessment with detainee. Detainee spoke in english, and stated, "if you are psych, go away". "I won't talk to you". He did not answer any questions in regards to hurting himself or others. He did not voice any suicidal ideations. Psychiatric assessment was unsuccessful.

Objective:

Upon arrival, detainee was in his cell, lying on his rack. He did not get up when tech approach the cell, however, did display good eye contact. Detainee did not appear to be in any distress.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: scars
Alert/Orientation: alert
Speech: broken English
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: mellow
Affect: flat
Thought Content: within normal limits
Thought Process: coherent
Thought Perception: within normal limits
Attention/Concentration: within normal limits
Intelligence: average
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

Food refusal.

Detainee was not cooperative with tech during assessment. He was not a management problem and polite denied to answer any questions from tech. Tech encouraged detainee to stay nourished and eat a balanced meal, 3 times a day.

Plan:

Continual food refusal assessment precautions.

☑ F/U is scheduled for once a month
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

ISN#

(b)(2) 868-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 8-85)

GTMO JMG 460

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 16-Feb-06

Time: 1054

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT- Met with detainee who waived this interviewer away and reported he does not wish to speak to BHS. Informed detainee that BHS would continue to follow up with him as scheduled by BHS providers. Detianee voiced understanding, then proceeded to ignore this interviewer.

Objective:

Well developed, thin male in no acute distress. Detianee is alert, oreinted x 3, uncooperative, and shows no gross mental status changes. Detainee appears ydrated. Detainee appears to be tolerating enteric feedings without difficulty. Detainee speech is of normal R/R/T and quantity. Detainee does not appear to be reacting to any internal stimuli at this time.

Mental Status Exam:

Appearance: dissheveled
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: broken English
Eye Contact: little to none
Communication: normal
Motor Skills: within normal limits
Memory: intact

Mood: Dysthymic
Affect: congruent
Thought Content: within normal limits
Thought Process: goal directed
Thought Perception: within normal limits
Attention/Concentration: within normal limits
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

DX: FOOD REFUSAL
Detainee does not appear interested in speaking with BHS. Detainee presents as somewhat cooperative with staff. Detainee has eaten meals and refused meals at different times.

Plan:

Continue to monitor and encourage fluid and food intake. Detainee follow up in 7 days or as directed by BHS providers.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-94)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 09-Feb-06

Time: 1317

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak with detainee on (b)(2) today. He was laying on his rack when we approached his cell. Detainee told the interpreter "I don't want to talk". He was encouraged to contact BHS should he experience SI/HI ideations or A/V hallucinations.

Objective:

Detainee was uncooperative and did not interact or speak to BHS tech. The block guards reported that the detainee is still refusing to eat.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: unable to assess
Eye Contact: poor
Communication: unable to assess
Motor Skills: within normal limits
Memory: unable to assess

Mood: unable to assess
Affect: unable to assess
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: unable to assess

Level Status: Level II
Self-Injurious Behavior: Food Refusal

Assessment:

Dx: Food Refusal

Plan:

Continue with food refusal precautions

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☑ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT Detention Hospital, GTMO, Cuba

SEX: Male

DOB

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 3-04)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 688-00-0693

Cell#: (b)(2)

Date: 02-Feb-06

Time: 1531

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak with the Det on (b)(2) oday. Det refused to speak with this tech. Det was encouraged to contact BHS should he experience SI/HI ideations or A/V hallucinations.

Objective:

Detainee seen on (b)(2) Detainee was uncooperative with interaction and would not speak or look at BHS tech. Block MA's report detainee still refuses to eat and has been uncooperative while on block.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: little to none
Communication: unable to assess
Motor Skills: Unable to assess
Memory: unable to assess

Mood: unable to assess
Affect: angry
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assese
Intelligence: unable to assess
Insight/Judgment: unable to assess

Level Status: Level IV
Self-Injurious Behavior: Food Refusal

Assessment:

Food Refusal.

Detainee refused to interact with BHS tech.

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT Detention Hospital, GTMO, Cuba

SEX Male

DOB

(b)(2)

688-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

DF 600 (REV 1 84)

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 688-00-0693

Cell#: (b)(2)

Date: 26-Jan-06

Time: 1745

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL. This tech attempted to speak with the Det on (b)(2) oday. Det refused to speak with this tech. Det was encouraged to contact BHS should he experience SI/HI ideations or A/V hallucinations.

Objective:

Det was laying in bed when this tech approached. Det stood when first confronted by this tech.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: alert

Speech: normal Arabic

Eye Contact: good

Communication: normal

Motor Skills: within normal limits

Memory: intact

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: unable to assess

Level Status: Level III

Self-Injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not want to interact with BHS.

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (required)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

(b)(2)

DOB:

688-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-94)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 19-Jan-16

Time: 1444

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT: Psych tech attempted to conduct interview with the detainee. The detainee stated, " I don't want to talk to you," and waved his hand to go away. The detainee was offered and refused behavioral health services. Unable to assess SI,HI and A/VH due to the detainee refusing to talk to the Psych tech.

Objective:

Per DIMS the detainee has missed 35 meals, but has intake of fluids at breakfast time prior to interview today. Per block NCO the detainee has not caused any disciplinary problems prior to interview. Upon approach the detainee was sleeping and was woken up by block guard for interview. Upon seeing the Psych tech the detainee then refused to talk to Psych tech. The detainee appeared thin but was in no medical/emotional distress at the time of the interview. The detainee maintained little to no eye contact during the interview. The detainee spoke at normal rate, rhythm and tone and showed no aggressive behavior during the interview. The detainee did not respond to internal/external stimuli during the interview. No SIB noted other than food refusal.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: little to none
Communication: inappropriate
Motor Skills: within normal limits
Memory: unable to assess

Mood: dysphoric
Affect: congruent
Thought Content: unable to assess
Thought Process: unable to assess
Thought Perception: unable to assess
Attention/Concentration: unable to assess
Intelligence: unable to assess
Insight/Judgment: poor

Level Status: Level III
Self-Injurious Behavior: Food Refusal

Assessment:

DX: FOOD REFUSAL ASSESSMENT, NO DIAGNOSIS

The detainee was uncooperative and showed no interest in receiving behavioral health services.

Plan:

Continue to follow up in seven days or when requested

☑ F/U is scheduled for every week
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORD MAINTAINED AT: Detention Hospital GTMO, Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

DD FORM CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 12-Jan-06

Time: 1559

ISN 888-00-0693

Cell# (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT:
Met with detainee who prefers not to speak with anyone BHS at this time. Detainee did not voice any somatic concerns at this time.

Objective:

Well developed, malnourished male in no acute distress. Detainee is alert, oriented X 3, uncooperative, and shows no gross mental status changes. Detainee appears hydrated. Not able to access speech at this time as detainee did not verbalize any responses. Detainee did not appear to be reacting to any internal stimuli at this time. As per block NCO detainee has missed 2 BRAT meals today.

Mental Status Exam:

Appearance:	Gaunt	Mood:	irritable
Distinguishing Features:	none noted	Affect:	congruent
Alert/Orientation:	alert	Thought Content:	unable to assess
Speech:	unable to assess	Thought Process:	unable to assess
Eye Contact:	little to none	Thought Perception:	unable to assess
Communication:	normal	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor
Level Status:	Level III		
Self-Injurious Behavior:	Food Refusal		

Assessment:

FOOD REFUSAL:
Detainee not interested in speaking with BHS at this time. Informed detainee via interpreter that BHS staff will follow up in one week.

Plan:

Continue to encourage fluid and eating. Follow up in one week unless otherwise directed by BHS provider.

- ☑ F/U is scheduled for every week
- ☐ Initiate or maintain precautions for
- ☐ Recommend medication evaluation
- ☑ Encourage fluid intake and eating
- ☐ Discuss case at next treatment team
- ☐ Referral to psychologist for complete evaluation
- ☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 6-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 05-Jan-03

Time: 1943

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL: This tech attempted to speak to Det via Arabic interpreter. Det refused to speak to this tech.

Objective:

Det was laying in bed with a tube in right nostril.

Mental Status Exam:

Appearance: dishevelled

Distinguishing Features: none noted

Alert/Orientation: unable to assess

Speech: unable to assess

Eye Contact: poor

Communication: unable to assess

Motor Skills: unable to assess

Memory: intact

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: poor

Level Status: Level III

Self-injurious Behavior: Food Refusal

Assessment:

FOOD REFUSAL: Det does not want to interact with BHS.

Plan:

Continue with food refusal precautions.

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☑ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

DF 1690 (REV 5-84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 23-Dec-05

Time: 1233

ISN: 688-00-0693

Cell#: (b)(2)

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

FOOD REFUSAL ASSESSMENT: Psych tech attempted to conduct interview with the detainee. The detainee stated, " Who are you?" After Psych tech was introduced the detainee stated, " I don't want to talk to you." The detainee was offered services and the detainee stated, " I told you I don't want to talk to you." The detainee refused to continue with the interview. The detainee was told by Psych tech that BHS will be back next week for reassesament. The detainee did not respond. Unable to assess SI/HI and A/VH due to detainee refusing to talk with Psych tech.

Objective:

Per block NCO the detainee has not caused any problems today. The detainee was in a seg room. Upon approach detainee was on his rack with no restraints. The detainee had a feeding tube inserted into his nose and an IV was inserted in his arm. The detainee was sitting up on his rack and appeared to be in no emotional distress at the time of the interview. The detainee maintained good eye contact and spoke at normal rate, rhythm and tone. The detainee showed no aggressive behaviors towards Psych tech and interpreter. The detainee did not respond to any internal/external stimuli during the interview. Upon termination of the interview, the physicians arrived and observed part of the interview. No SIB noted other than food refusal.

Mental Status Exam:

Appearance:	neat/clean	Mood:	dysphoric
Distinguishing Features:	none noted	Affect:	congruent
Alert/Orientation:	alert	Thought Content:	unable to assess
Speech:	ranging via interpreter	Thought Process:	unable to assess
Eye Contact:	good	Thought Perception:	unable to assess
Communication	inappropriate	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor

Level Status: Level III

Self-injurious Behavior: Food Refusal

Assessment:

DX : FOOD REFUSAL ASSESSMENT, NO DIAGNOSIS

The detainee was uncooperative and showed little to no interest in receiving services from behavioral health.

Plan:

Follow up in seven days or when requested

☑ F/U is scheduled for every week

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

688-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

DF 600 (REV 1 84)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ISN: 888-00-0693

Cell#: (b)(2)

Date: 19-Sep-05

Time: 1036

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Detainee refused to talk to psych tech.

Objective:

Detainee was laying on his bed and ignored both the tech and the interpreter. Psych tech was able to gather the following information about the detainee from the block NCO. Detainee has been eating since the 13 of September 05. Prior to this date, detainee missed 33 meals. Detainee has not been a management problem for the guards.

Mental Status Exam:

Appearance: neat/clean

Distinguishing Features: none noted

Alert/Orientation: unable to assess

Speech: unable to assess

Eye Contact: poor

Communication: unable to assess

Motor Skills: unable to assess

Memory: unable to assess

Mood: unable to assess

Affect: unable to assess

Thought Content: unable to assess

Thought Process: unable to assess

Thought Perception: unable to assess

Attention/Concentration: unable to assess

Intelligence: unable to assess

Insight/Judgment: poor

Level Status: Level III

Self-Injurious Behavior: Detainee denied or none noted

Assessment:

Detainee's records showed that he has been eating since the 13 September 05. Detainee's last meal was breakfast this morning. Detainee is not currently on food refusal. Detainee's decision to ignore the psych tech is the same as other detainees on other blocks and it might be another way to resist the services provided by U. S. service members.

Plan:

Case will be discussed with staff and the recommendation for the detainee to be removed from food refusal list will be made.

☑ F/U is scheduled for prn

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):S(1),(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

DD FORM (REV 6-94)

HEALTH RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 24-Aug-05

ISN: 688-00-0693

Time: 1251

Cell#:

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:

Detainee seen off block for Food Refusal assessment with interpreter. Detainee reported via interpreter that he is "not mental or nothing." He reported that he "can't eat," because he vomits "blood." He reported that he also unable to drink water for the same reason. He reported that if his "health got better, yes" he would start eating. He reported that he is not depressed. He denied having SI/HI/AVH. Detainee reported that he could no longer speak.

Objective:

Upon approach detainee was speaking to corpsman from (b)(2) while laying down on the floor of his cell. He was wearing orange pants and no shirt. He appeared to be weak and reported that it was difficult to speak, but he refused to drink water. Detainee informed corpsman of his problem with vomiting blood. Corpsman will F/U with clinic staff. As per corpsman, detainee was standing laughing and smiling when they arrived to the block. As per block MA detainee has refused 26 meals.

Mental Status Exam:

Appearance:	dissheveled	Mood:	unable to assess
Distinguishing Features:	none noted	Affect:	unable to assess
Alert/Orientation:	alert	Thought Content:	within normal limits
Speech	ranging via interpreter	Thought Process:	coherent
Eye Contact:	none	Thought Perception:	within normal limits
Communication:	normal	Attention/Concentration:	within normal limits
Motor Skills:	within normal limits	Intelligence:	unable to assess
Memory:	intact	Insight/Judgment:	poor

Level Status: Level III

Self-Injurious Behavior: None other than Food Refusal

Assessment:

Axis I and Axis II Deferred. seen for Food Refusal. Detainee was some what cooperative, but then refused to answer any questions from BH after several attempts Detainee did not appear to be in any mental distress at this time. He appeared to be weak, but refused to drink water. This detainee's food refusal coincides with multiple other food refusals by other detainee's who are demanding release, although he reported that he would begin eating if his health improves, as evidenced by detainee standing laughing and smiling, but then was unable to stand or speak after he saw medical.

Plan:

Continue to reassess prn or within seven days for status of Food Refusal and reasons why he is refusing.

☑ F/U is scheduled for prn

☐ Initiate or maintain precautions for

☐ Recommend medication evaluation

☐ Encourage fluid intake and eating

☐ Discuss case at next treatment team

☐ Referral to psychologist for complete evaluation

☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

688-00-0693

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 1-84)

GTMO JMG 470

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Date: 16-Aug-05

Time: 1241

ISN: 888-00-0693

Cell#:

Language: ☑ Arabic ☐ English ☐ Farsi ☐ French ☐ Pashtu ☐ Russian ☐ Urdu ☐ Uzbek

Subjective:
FOOD REFUSAL ASSESSMENT. It was explained to detainee the purpose of the assessment but he refused to answer any questions.

Objective:
Tech met with detainee on I-block. Upon approach, detainee was lying on his rack. Per the MA's, detainee has missed 10 meals to include breakfast this a.m.. The MA's report no unusual behavior last night or today. Per DIMS, detainee MA's found detainee unresponsive in cell. Hospital Corpsman arrived, took vital signs, and determined that detainee was cleared to stay in his cell.

Mental Status Exam:

Appearance: neat/clean
Distinguishing Features: none noted
Alert/Orientation: alert
Speech: ranging via interpreter
Eye Contact: good
Communication: normal
Motor Skills: within normal limits
Memory: intact

Level Status: Level III
Self-Injurious Behavior: None other than food refusal

Mood: stable
Affect: congruent
Thought Content: within normal limits
Thought Process: coherent
Thought Perception: within normal limits
Attention/Concentration: within normal limits
Intelligence: average
Insight/Judgment: good

Assessment:
DX: Defer. Meal refusal. Detainee not cooperative with assessment. Detainee would not indicate the motivation behind his meal refusal. This detainee's meal refusal coincides with multiple other food refusals by other detainee's who are demanding release

Plan:
Reassess detainees motivation for meal refusal. Detainee instructed to contact BHS if there are any concerns, if his mood deteriorates, or if he begins to have thoughts of self/other-harm. Detainee was strongly encouraged to continue eating his meals and was informed that continuing to not eat could results in negative consequences to his health if he continues to refuse meals.

☑ F/U is scheduled for prn
☐ Initiate or maintain precautions for
☐ Recommend medication evaluation
☐ Encourage fluid intake and eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete evaluation
☐ Recommend discharge from service

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (fingprint)

0693

RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba

SEX: Male

DOB:

(b)(2)

888-00-0693

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
10 MAY 06			Place Detainee in (b)(1) Sec		
0930			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 Independe (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			Reason for Restraint: Medical Necessity for		
			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.		
			GITMO (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

GTMO JMG 472

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

3/16/06
0/640

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

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

3/16/06
@1640

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

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

3/16/06

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 1730 Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

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

PROGRESS NOTES
Medical Record

GTMO JMG 473

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
7/16/06	Left arm	1642	1842	Left leg	1642	1842
	Right arm	1642	1842	Right leg	1642	1842

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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
0000			**0600**			**1200**			**1800**	1, 12, 13
0015			0615			1215			1815	1, 12, 13
0030			0630			1230			1830	1, 12, 13
0045			0645			1245			1845	1, 12, 13
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			1642	1, 12, 13 RT		2245	
0500			**1100**			**1700**	1, 12, 13		**2300**	
0515			1115			1715	1, 12, 13		2315	
0530			1130			1730	1, 12, 13		2330	
0545			1145			1745	1, 12, 13		2345	

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 474

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
5 Mar 06			Place Detainee in (b)(1) Sec		
1731			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 Indepe[illegible] within 1 hour of restraints)		
			GITM (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDIC		
			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 longe (b)(3):10 USC §130b,(b)(6)		
			GITM		

(continued 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.

1493 PM

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR DOD [illegible]
Prescribed by [illegible]

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
3/15/06 1355	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)
	GITMO Nurse
3/15/06 1355	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 procedur (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
3/15/06 1555	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 1555. 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)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
2/15/06	Left arm	1355	1555	Left leg	1355	1555
	Right arm	1355	1555	Right leg	1355	1555

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,15,D,I		1945		
0200			0800			1400	1,12,13		2000		
0215			0815			1415	1,12,3		2015		
0230			0830			1430	1,12,17		2030		
0245			0845			1445	1,12,13		2045		
0300			0900			1500	1,12,13		2100		
0315			0915			1515	1,12,D		2115		
0330			0930			1530	1,12,13		2130		
0345			0945			1545	1,12,J		2145		
0400			1000			1600	1,12,13		2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
15Mar06			Place Detainee in (b)(1) Sec		
0720			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 Independe (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 b (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.

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/15/03 0828	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)
	GITMO Nurse
3/15/03 0828	**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 (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
3/15/03 1029	**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 1029. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) e.
	GITMO Nurse

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/15/06	Left arm	0926	1028	Left leg	0828	1028
	Right arm	0828	1028	Right leg	0828	1028

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,E1,3,F		1415			2015		
0230			0830	1,12,13		1430			2030		
0245			0845	1,12,13		1445			2045		
0300			**0900**	1,12,13		**1500**			**2100**		
0315			0915	1,12,13		1515			2115		
0330			0930	1,12,13		1530			2130		
0345			0945	1,12,13		1545			2145		
0400			**1000**	1,12,13		**1600**			**2200**		
0415			1015	1,12,13		1615			2215		
0430			1030	1,12,13		1630			2230		
0445			1045			1645			2245		
0500			**1100**			**1700**			**2300**		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3): 10 USC §130b, (b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
4 Mar 06-			Place Detainee in (b)(1) Sec		
0730			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 Indep (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
4 Mar 06	1130		GIT (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDI		
			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.		
			GITMO D (b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
14 MAR 04 0 1350	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). (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
14MAR04 C1356	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b) 1 x 12 F enteral feeding tube was
	inserted in the X R (b)(3):10 nostril using standard procedure. A styl (b)(3):10 USC 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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
14MAR04 C1545	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 1545. Detainee (b)(3):10 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)
	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)

693

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
4 Mar 06 0913			Place Detainee in (b)(1) Sec		
			Reason For Restraint: Medical Necessity for Feeding		
			Medical Restrainis 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 Indep (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
Medical 4 Mar 06 0913			(b)(3):10 USC §130b,(b)(6) GITI		
			INITIATION OF RESTRAINTS -- MEDI E		
			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 re (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr		

(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

Vol 3

STANDARD FORM 1721 (REV. 7-91)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
14 MAR 06	Left arm	1350	1545	Left leg	1350	1545
	Right arm	1350	1545	Right leg	1350	1545

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			0720			1330			1930		
0145			0745			1345			1945		
0200			0800			1400	L, I, K		2000		
0215			0815			1415	L, I, K		2015		
0230			0830			1430	L, I, K		2030		
0245			0845			1445	L, I, K		2045		
0300			0900			1500	L, I, K		2100		
0315			0915			1515	L, I, K		2115		
0330			0930			1530	L, I, K		2130		
0345			0945			1545	L, I, K		2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 484

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
19 Mar 06			Place Detainee in (b)(1) Sec		
0730			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)		
No 20: 19 Mar 06 0735			(b)(3):10 USC GITMO (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL NECESSITY		
			Reason for Restraint: Medical Necessity for		
			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		
			GITMO D (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.

1093

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

4/MAR/06
0020

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

Detainee placed in (b)(1) Sec 1 4 A 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

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

4/MAR/06
0820

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b)(6) F / X 12 F enteral feeding tube was inserted in the X R (b)(3):10 USC nostril using standard procedure. A st(b)(3):10 USC 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

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

4/MAR/06
1015

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 1015 Detain(b)(3):10 USC §130b,(b)(6) 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)

#693

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1 JUNE 06	Left arm	0820	1615	Left leg	0820	1615
	Right arm	0820	1615	Right leg	0820	1615

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			(b)(3):	1, 12, I, K		1415			2015		
0230			0830	1, 12, I, K		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0315			0915	1, 12, I, K		1515			2115		
0330			0930	1, 12, I, K		1530			2130		
0345			0945	1, 12, I, K		1545			2145		
0400			1000	1, 12, I, K		1600			2200		
0415			1015	1, 12, I, K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

#693

GTMO JMG 487

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
8 MAY 06	0730		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 Independe[illegible]P) within 1 hour of restraints)		
			GITMO [illegible] (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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[illegible] (b)(3):10 USC §130b,(b)(6)		
			GITMO [illegible]		

(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.

LAB PAT

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/13/04 @ 1350	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)
3/13/04 @ 1350	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was
	inserted in the R / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
3/13/04 @ 1545	**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 1545. 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)

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/19/04	Left arm	1350	1545	Left leg	1350	1545
	Right arm	1350	1545	Right leg	1350	1545

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

1. Line of sight
2. Beating at kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	L/2 E K	(b)(3):10 USC §130b,(b)(6)	2000		
0215			0815			1415	L/2 E K		2015		
0230			0830			1430	L/2 E K		2030		
0245			0845			1445	L/2 E K		2045		
0300			0900			1500	L/2 E K		2100		
0315			0915			1515	L/2 E K		2115		
0330			0930			1530	L/2 E K		2130		
0345			0945			1545	L/2 E K		2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
31 MAY 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			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 Independ (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA E		
			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.		
			GITMO Dr (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

STANDARD FORM 508 (REVERSE) (EF

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
3/13/04 0650	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) 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)
3/13/04 0650	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / 12 F enteral feeding tube was
	inserted in the R / _ L nostril using standard procedure. A stylet was / was not used/
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
3/13/04 0650	**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 1050 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)

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
5/13/12	Left arm	0830	1030	Left leg	0830	1030
	Right arm	0830	1030	Right leg	0830	1030

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	I,J,K		1430			2030		
0245			0845	I,J,K		1445			2045		
0300			0900	I,J,K		1500			2100		
0315			0915	I,J,K		1515			2115		
0330			0930	I,J,K		1530			2130		
0345			0945	I,J,K		1545			2145		
0400			1000	I,J,K		1600			2200		
0415			1015	I,J,K		1615			2215		
0430			1030	I,J,K		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

693 (Rev.)

GTMO JMG 493

508-1 11

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
2 Mar 06 0720			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 Indepen (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA		
			Reason for Restraint: Medical Necessity f		
			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 (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

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/12/04 @ 1515	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) 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)
3/12/04 @ 1515	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F (_ 12 F enteral feeding tube was
	inserted in the _ R / _ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
3/12/04 @ 1510	**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 1510. 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)

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/12/04	Left arm	1345	1510	Left leg	1345	1510
	Right arm	1345	1510	Right leg	1345	1510

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self:
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1/12 TJK	(b)(3):10 USC §130b,(b)(6)	1915		
0130			0730			1330	1/12 TJK		1930		
0145			0745			1345	1/12 TJK		1945		
0200			0800			1400	1/12 TJK		2000		
0215			0815			1415	1/12 TJK		2015		
0230			0830			1430	1/12 TJK		2030		
0245			0845			1445	1/12 TJK		2045		
0300			0900			1500	1/12 TJK		2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

NAVMED 1 [illegible]

NSN 7540-00-634-4021

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12 NOV 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			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 Independe[illegible]P) within 1 hour of restraints)		
			GITMO D[illegible] (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 re[illegible] (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr. [illegible]		

(Continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

[illegible]

STANDARD FORM [illegible]

GTMO JMG 497

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/12/06 0730	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)
3/12/06 0800	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _ 12 F enteral feeding tube was
	inserted in the __ R / __ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
3/12/06 0820	**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 1054. 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)

(continue on reverse)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 600 (Rev. 1-91)
Prescribed by GSA/ICMR, FPMR (41 CFR) 101-11.4

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/12/04	Left arm	0840	1030	Left leg	0840	1030
	Right arm	0840	1030	Right leg	0840	1030

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845	HD JK		1445			2045		
0300			0900	HD JK		1500			2100		
0315			0915	HD JK		1515			2115		
0330			0930	HD JK		1530			2130		
0345			0945	HD JK		1545			2145		
0400			1000	HD JK		1600			2200		
0415			1015	HD JK		1615			2215		
0430			1030	HD JK		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD — DATE AND TIME START	STOP	RX	DOCTOR'S ORDERS (Sign all orders) — DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1700			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			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)		
NOTED: 11 MAR 06 @ 1300			(b)(3):10 USC GITMO (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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.		
			GITMO D (b)(3):10 USC §130b,(b)(6)		

(continued 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

STANDARD FOR DOD [illegible]

GTMO JMG 500

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

11MAR04
C 1350

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). (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

11MAR04
@ 1350

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b 0 F / 12 F) enteral feeding tube was

inserted in (b)(3):10 USC 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)

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

11MAR04
@ 1525

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 1525. Detainee (b)(3):10 USC §130b 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)

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
10MAY06	Left arm	1230	1525	Left leg	1230	1504
	Right arm	1330	1525	Right leg	1330	1525

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,K		1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330	1,12,K		1930		
0145			0745			1345	1,12,K		1945		
0200			0800			1400	1,12,K		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			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials
				(b)(3):10 USC §130b,(b)(6)	

GTMO JMG 502

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
0800			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1130			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 Indepe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
0800			(b)(3):10 USC §130b,(b)(6) GITM		
			INITIATION OF RESTRAINTS -- MEDIC E		
			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 longe (b)(3):10 USC §130b,(b)(6)		
			GITM		

(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

STANDARD FOR 509 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR [illegible])

GTMO JMG 503

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
11MAR.20 0132S	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) (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
11MAR20	Indication: Malnutrition; hunger strike
0 1325	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b, 0 Fr / (12 F) enteral feeding tube was
	inserted in the X (b)(3):10 USC §130b,(b) ostril using standard procedure. A stylet (b)(3):10 USC §130b, 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)
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
11MAR20	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1515	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1525. Detainee (b)(3):10 USC §130b, did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episode (b)(3):10 USC
	GITMO Nurse

(continue on reverse side)

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

623

NAVMEDPERSCOM/NAVPERS 6100/1 (Rev. 5-99)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
11 Mar 06	Left arm	0825	1325	Left leg	1325	1521
	Right arm	1325	1525	Right leg	1325	1525

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	4,12,I,K		1915		
0130			0730			1330	4,12,I,K		1930		
0145			0745			1345	4,12,I,K		1945		
0200			0800			1400	4,12,I,K		2000		
0215			0815			1415	4,12,I,K		2015		
0230			0830			1430	4,12,I,K		2030		
0245			0845			1445	12,I,K		2045		
0300			0900			1500	1,12,I,K		2100		
0315			0915			1515	1,12,I,K		2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

Addendum/graph

(b)(3):1

(b)(3):10 USC §130b,(b)(6)

(b)(3): 10 USC §130b, (b)(6)

693

GTMO JMG 505

508-1-1

NSN 7340-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
11 Mar 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			Place Detainee in (b)(1)		
			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)		
NOTED: 11 MAR 06 @ 0755			(b)(3):10 USC §130b,(b)(6) TM (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS – MEDIC E		
			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.		
			GITM (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

STANDARD FORM 508 (REV. 1-91)

GTMO JMG 506

NSN 7540-00-634-4121

SOS-1

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
11 OCT 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0720			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 Indep (b)(3):10 USC §130b,(b)(6) r (LIP) within 1 hour of restraints)		
NOTED: 11 OCT 06 @ 0755			(b)(3):10 USC §130b,(b)(6) IT		
			INITIATION OF RESTRAINTS – MED OTE		
			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.		
			GITMO (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

WJB

STANDARD FORM 508 (REV. 3-64)
Prescribed by GSA/NCS

GTMO JMG 507

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
4 MAY 04	Left arm	0255	0745	Left leg	0255	0815
	Right arm	0255	0745	Right leg	0255	0815

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			0545			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130						1330			1930		
0145				1, 12, I, K		1345			1945		
0200			0800	1, 12, I, K, P		1400			2000		
0215			0815	1, 12, I, K		1415			2015		
0230			0830	1, 12, I, K		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0215			0915	1, 12, I, K		1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

#093

GTMO JMG 508

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2MAR06			Place Detainee in (b)(1) Sec		
0730			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)		
MON 20 MAR 2006			(b)(3):10 USC §130b,(b)(6) GITMO [redacted]	(b)(3):10 USC §130b,(b)(6)	
			INITIATION OF RESTRAINTS -- MEDICAL		
			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		
			GITMO [redacted] (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.

1093 PM

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 326 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
12 MAR 06 C1325	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 (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
12 MAR 06 C1325	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b,(b)(6) 12 F enteral feeding tube was
	inserted in the (b)(3):10 USC 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. (b)(3):10 USC §130b,(b)(6
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
13 MAR 06 C1515	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 1515 Detainee (b)(3):10 USC §130b,(b)(6) 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)

693

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
10/4/04	Left arm	1242	1525	Left leg	1543	1545
	Right arm	1242	1525	Right leg	1542	1545

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials
				(b)(3):10 USC §130b,(b)(6)	

(b)(3) :10 USC §130 b,(b)(6)

Attachment #

693

GTMO JMG 511

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0700			Place Detainee in (b)(1) Sec		
2100			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)		
1600			(b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS BY PHYSICIAN'S ASSISTANT		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITMO-D		

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

REGISTER NO. | WARD NO.

Leg 3 am

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	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). (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b F) X12 F enteral feeding tube was
	inserted in the X (b)(3):1 0 USC §130b,(ostril using standard procedure. A st (b)(3):1 0 USC 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)
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at [illegible]. Detaine (b)(3):10 USC d 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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
10 DEC 02	Left arm:	0825	1245	Left leg	0825	1245
	Right arm:	0825	1245	Right leg	0825	1245

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1, 12, I, K		1415			2015		
0230			0830	1, 12, I, K, F		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0315			0915	1, 12, I, K		1515			2115		
0330			0930	1, 12, I, K		1530			2130		
0345			0945	1, 12, I, K		1545			2145		
0400			1000	1, 12, I, K		1600			2200		
0415			1015	1, 12, I, K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3): 10 USC §130b ,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

EDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

TE AND TIME ART	TE AND TIME STOP	PRN	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3/9/04			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0/13c			Place Detainee in (b)(1) Sec 1.4.A		
			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 [illegible]LIP) within 1 hour of restraints)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
3/9/04			INITIATION OF RESTRAINTS – MEDICAL OFFICER NOTE		
0/13c			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 b[illegible]		
			GITMO (b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

NT'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

CF3 [illegible]

STANDARD FOR 508 (REV. 5-81)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.302-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/9/06 @ 1400	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
	Detainee placed in (b)(1) 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
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)
3/9/06 @ 1430	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F/ _ 12 F enteral feeding tube was
	inserted in the _ R/ _ L nostril using standard procedure. A stylet was/was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nu (b)(3):10 USC §130b,(b)(6)
3/9/06 @ 1550	**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 1550. 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)

(continue on reverse)

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

NAVMED 6700/4 (REV. 10-96)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/9/06	Left arm	1400	1550	Left leg	1400	1550
	Right arm	1400	1550	Right leg	1400	1550

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 Treatment 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	LH IK,J	(b)(3):10 USC §130b,(b)(6)	2000		
0215			0815			1415	LH IK,J		2015		
0230			0830			1430	LH IK,J		2030		
0245			0845			1445	LH IK,J		2045		
0300			0900			1500	LH IK,J		2100		
0315			0915			1515	LH IK		2115		
0330			0930			1530	LH IK		2130		
0345			0945			1545	LH IK		2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

Additional Signatures

693

Patient Identification

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3/6/06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1620			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 Independ (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
3/6/06			INITIATION OF RESTRAINTS -- MEDICAT		
0730			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 (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

693 cm

STANDARD FOR 508 (REV. 3-64)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/9/04 0925	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)
3/9/04 0952	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Mainutrition; 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)
3/9/04 2110	**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 1110. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to this restraint episode.
	GITMO Nurse (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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/4/04	Left arm	0925	1110	Left leg	0925	1110
	Right arm	0925	1110	Right leg	0925	1110

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930	L,I2,I,K		1530			2130		
0245			0945	L,I2,I,K		1545			2145		
0400			1000	L,I2,I,K		1600			2200		
0415			1015	L,I2,I,K		1615			2215		
0430			1030	L,I2,I,K		1630			2230		
0445			1045	L,I2,I,K		1645			2245		
0500			1100	L,I2,I,K		1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

DOCTOR'S ORDERS
(Sign all orders)

MEDICAL RECORD			DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
DATE AND TIME		RX			
ORT	STOP				
3/5/06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
@1130			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 Independe (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
			GITMO D		
3/5/06			INITIATION OF RESTRAINTS -- MEDICAL		
@1130			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 b (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.

693 pm

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/15/04	Left arm	1300	1440	Left leg	1315	1430
	Right arm	1315	1440	Right leg	1315	1430

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	LHP, RAK	(b)(3): 10 USC §130b ,(b)(6)	1915		
0130			0730			1330	LHP, RAK		1930		
0145			0745			1345	LHP, RAK		1945		
0200			0800			1400	LHP, RAK		2000		
0215			0815			1415	LHP, RAK		2015		
0230			0830			1430	LHP, RAK		2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1/9/13	0730		**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 Independ (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA E		
			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 b (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

1093 am

MEDICAL RECORD

DATE AND TIME

3/8/04 0550

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) 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)

3/8/04 0550

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the R / L nostril using standard procedure. A stylet was / was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse

3/8/04 0550

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 0550. 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)

(continue on reverse)

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)					
TIME AND DATE START	TIME AND DATE STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
8/19/04 0740			**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 Indepen (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA TE		
			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 b (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.

DOCTORS ORDERS
MEDICAL RECORD

1643 dtd

STANDARD FOR 508 (REV. 3-54)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.302-1

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
5/6/04	Left arm	0850	1040	Left leg	0850	1040
	Right arm	0850	1040	Right leg	0850	1040

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900	WDTK		1500			2100		
0315			0915	WDTK		1515			2115		
0330			0930	WDTK		1530			2130		
0345			0945	WDTK		1545			2145		
0400			1000	WDTK		1600			2200		
0415			1015	WDTK		1615			2215		
0430			1030	WDTK		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
11 Dec 06			Place Detainee in (b)(1) Sec 1.4.A		
11 Dec 06			Reason For Restraint: Medical Necessity for Feeding		
502			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 within 1 hour of restraints)		
11 Dec 06			(b)(3):10 USC §130b,(b)(6) GITMO Dr (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS – MEDICAL C		
			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 (b)(3):10 USC §130b,(b)(6) GITM		

(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

STANDARD FOR 508 (REV. 3-54)
Prescribed by GSA/ICHR FIRMR (41 CFR [illegible])

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
07MAR06	Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity
1545	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
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
07MAR06	Indication: Malnutrition; hunger strike
1545	Under local anesthesia (viscous lidocaine, 2%), (b)(3):10 USC F/ 12 F enteral feeding tube was
	inserted in the R (b)(3):10 USC nostril using standard procedure. A style(b)(3):10 / 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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
07MAR06	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1730	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1730 Detain(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

(continue on reverse side)

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

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
04 APR 06	Left arm	1345	1730	Left leg	1345	1730
	Right arm	1345	1730	Right leg	1345	1730

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545	L,I,E,J,K		2145		
0400			1000			1600	L,I,E,J,K		2200		
0415			1015			1615	L,I,E,J,K		2215		
0430			1030			1630	L,I,E,J,K		2230		
0445			1045			1645	L,I,E,J,K		2245		
0500			1100			1700	L,I,E,J,K		2300		
0515			1115			1715	L,I,E,J,K		2315		
0530			1130			1730	L,I,E,J,K		2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

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NSN 7540-00-634-4031

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
27 Oct 06			Place Detainee in (b)(1) Sec		
0730			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 Independe (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
Ja MED Officer Blk 1315			GITMO D (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS – MEDICAL E		
			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 r (b)(3):10 USC §130b,(b)(6)		
			GITMO D		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-45.505-1

DATE AND TIME	
3/6/06 2123Z	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). (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
3/6/06 2135Z	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) a X10 F (b)(3):10 USC §130b,(b) nteral feeding tube was
	inserted in the X (b)(3):10 USC §130b,(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. (b)(3):10 USC
	GITMO Dr. / Nurse
3/6/06 2153Z	**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 2153Z. Detainee (b)(3):10 USC §130b,(d not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episode: (b)(3):10 USC
	GITMO Nurse

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
01 APR 06	Left arm	1335	1350	Left leg	1335	1500
	Right arm	1335	1500	Right leg	1335	1500

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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						1915		
0130			0730						1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1420			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0215			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3)

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NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

TE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
ART	STOP				
2000 Q4			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2150			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 Independ LIP) within 1 hour of restraints)		
			NO FOOD DELIVERED 2000 GITMO (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			Reason for Restraint: Medical Necessity fo 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.		
			GITMO (b)(3):10 USC §130b,(b)(6)		

(Continue on reverse side)

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

REGISTER NO | WARD NO

693

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 600 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR [illegible])

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

Dlmar06
c 0852

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) 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

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Dlmar06
c 0852

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%) a X10 F (b)(3):10 USC §130b,(enteral feeding tube was inserted in the X R (b)(3):10 USC §130b ostril using standard procedure. A stylet / was not used. Patient tolerated the (b)(3):10 USC dure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications. (b)(3):10 USC

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Dlmar06
c 0852

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 1445. Detain (b)(3):10 USC / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episod (b)(3):10 USC

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)

693

PROGRESS NOTES
Medical Record

STANDARD FORM 507 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR (41 CFR)

NAVMEDONLY WEBSITE 6500-1 (New)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
01MAR04	Left arm	0852	1945	Left leg	0852	1945
	Right arm	0852	1945	Right leg	0852	1945

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230						1430			2030		
0245				1,12,2,k		1445			2045		
0300			0900	1,12,2,k,l		1500			2100		
0315			0915	1,12,2,k		1515			2115		
0330			0930	1,12,2,k		1530			2130		
0345			0945	1,12,2,k		1545			2145		
0400			1000	1,12,2,k		1600			2200		
0415			1015	1,12,2,k		1615			2215		
0430			1030	1,12,2,k		1630			2230		
0445			1045	Released		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

1693

GTMO JMG 535

508 [illegible]

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3/5/14			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0 09			Place Detainee in b)(1) Sec 1.4 A		
			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)		
			GITMO D b)(3):10 USC §130b,(b)(6)		
3/5/14			**INITIATION OF RESTRAINTS – MEDICAL**		
0 09			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.		
			GITMO b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693 pm

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMS (48 CFR) 201-9.2[illegible]

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
01MAR06	Left arm	0852	1945	Left leg	0852	1945
	Right arm	0852	1945	Right leg	0852	1945

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)*
*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			(b)(3):10 USC			1430			2030		
0245				1, 12, 14,		1445			2045		
0300			0900	1, 12, 14, K	(b)(3): 10 USC §130b, (b)(6)	1500			2100		
0315			0915	1, 12, 14, K		1515			2115		
0330			0930	1, 12, 14, K		1530			2130		
0345			0945	1, 12, 14, K		1545			2145		
0400			1000	1, 12, 14, K		1600			2200		
0415			1015	1, 12, 14, K		1615			2215		
0430			1030	1, 12, 14, K		1630			2230		
0445			1045	Released		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

093

DATE AND TIME	
3/5/04	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
1730	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)
3/5/04	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
1730	Indication: Malnutrition; hunger strike * 10F used due to inavailability of 10F
	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)
3/5/04	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
1730	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 1729. 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)

(continue on reverse)

DEPARTMENT OF THE NAVY

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/6/06	Left arm	1530	1720	Left leg	1530	1720
	Right arm	1530	1720	Right leg	1530	1720

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530	LUK		2130		
0345			0945			1545	LUK		2145		
0400			1000			1600	LUK		2200		
0415			1015			1615	LUK		2215		
0430			1030			1630	LUK		2230		
0445			1045			1645	LUK		2245		
0500			1100			1700	LUK		2300		
0515			1115			1715	LUK		2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

GTMO JMG 539

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3/5/04 2030			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 Indeper (b)(3):10 USC §130b,(b)(6) our of restraints)		
			GITMO		
3/5/04 2040			INITIATION OF RESTRAINTS – MEDICA		
			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.		
			GITM (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 Emp

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202.1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/5/04 0130	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)
3/5/04 0530	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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)
3/5/04 0932	**DISCONTINUATION OF RESTRAINTS NOTE AFTER F**
	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 1130. 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)

(continue on reve

NAVMEDSUPPACT 6320.1 Series

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/5/04	Left arm	1230	1400	Left leg	1230	1400
	Right arm	1230	1420	Right leg	1230	1420

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	LD DK		1830		
0045			0645			1245	LD DK		1845		
0100			0700			1300	LD DK		1900		
0115			0715			1315	LD DK		1915		
0130			0730			1330	LD DK		1930		
0145			0745			1345	LD DK		1945		
0200			0800			1400	LD DK		2000		
0215			0815			1415	LD DK		2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0230			0930			1530			2130		
0245			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

Administrator

LCDR

GTMO JMG 542

NSN 7540-00-634-4121

DOCTOR'S ORDERS
(Sign all orders)

MEDICAL RECORD				
DATE AND TIME START / STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1 Mar 06		RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1730		Place Detainee in (b)(1) Sec 1.4.A		
		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 Independ (b)(3):10 USC §130b,(b)(6) er (LIP) within 1 hour of restraints)		
		GITMO		
		INITIATION OF RESTRAINTS -- MEDICA OTE		
		Reason for Restraint: Medical Necessity fo		
		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 (b)(3):10 USC §130b,(b)(6)		
		GITM		

(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

STANDARD FOR 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-6.202-1

MEDICAL RECORD — PROGRESS NOTES (Sign all orders)

DATE AND TIME

3/4/06
1325 — 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)

3/4/06
1325 — 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 (b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

3/4/06
1525 — 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 1525. 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)

(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 600 (REV. 1-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/4/06	Left arm	1325	1525	Left leg	1325	1525
	Right arm	1325	1525	Right leg	1321	1525

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	12, E, I, K, P		1915		
0130			0730			1330	12, I, K		1930		
0145			0745			1345	12, I, K		1945		
0200			0800			1400	1, 12, I, K		2000		
0215			0815			1415	1, 12, I, K		2015		
0230			0830			1430	12, I, K		2030		
0245			0845			1445	12, I, K		2045		
0300			0900			1500	12, I, K		2100		
0315			0915			1515	12, I, K		2115		
0330			0930			1530	12, I, K		2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

DICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

E AND TIME RT	E AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
Marc6			Place Detainee in (b)(1) Sec		
YES			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 Independe r (LIP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL OTE		
			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		
			GITMO		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(continue on reverse side)

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

REGISTER NO. | WARD NO.

1093 am

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-54)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
3/4/04 @ 0810	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)
3/4/04 @ 0830	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE** Indication: Malnutrition; hunger strike Under local anesthesia (viscous lidocaine, 2%), a __ 10 Fr / __ 12 Fr 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. / Nurs (b)(3):10 USC §130b,(b)(6)
3/4/04 @ 1005	**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 1005. 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) (continued on Fa

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

NAVMEDSPECIDOMSF 601 (Rev)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/4/04	Left arm:	0810	1005	Left leg	0810	1005
	Right arm:	0810	1005	Right leg	0810	1005

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	L,D,I,K		1415			2015		
0230			0830	L,D,I,K		1430			2030		
0245			0845	L,D,I,K		1445			2045		
0300			0900	L,D,I,K		1500			2100		
0315			0915	L,D,I,K		1515			2115		
0330			0930	L,D,I,K		1530			2130		
0345			0945	L,D,I,K		1545			2145		
0400			1000	L,D,I,K		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials
				(b)(3):10 USC §130b,(b)(6)	

^Observation

693 KM

GTMO JMG 548

NSN 7540-00-634-4121

CLINICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
02/07/13			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 Indeper (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			(b)(3):10 USC §130b,(b)(6) GITMO		
			-- MEDICA		
			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 b (b)(3):10 USC §130b,(b)(6)		
			GITMO		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

693 pm

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

3/3/06

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 (b)(3):10 USC §130b,(b)(6)

3/3/06

E30

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / __ 12 F enteral feeding tube was

inserted in the / R / __ L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

3/3/06

D35

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 0730 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)

(continue on reverse side)

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

G93

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/3/6C	Left arm	1535	1735	Left leg	1535	1735
	Right arm	1535	1735	Right leg	1535	1735

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			**0900**			**1500**			**2100**		
0315			0915			1515			2115		
0330			0930			1530	1,12,15,2,K,9		2130		
0345			0945			1545	1,12,13		2145		
0400			**1000**			**1600**	1,12,3		**2200**		
0415			1015			1615	1,12,13,I,K		2215		
0430			1030			1630	1,12,3		2230		
0445			1045			1645	1,12,13		2245		
0500			**1100**			**1700**	1,12,15,K,M		2300		
0515			1115			1715	1,12,13		2315		
0530			1130			1730	1,12,13,I,K		2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b, (b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
3Mar06			Place Detainee in (b)(1) Sec		
0730			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 Indepen IP) within 1 hour of restraints)		
No 0730 dose Mar 03			(b)(3):10 USC §130b (b) GITMO	(b)(3):10 USC §130b,(b)(6)	
			INITIATION OF RESTRAINTS -- MEDICA		
			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 b		
			GITMO	(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.

0930 4 Mar

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 506 (REV. 3-94)
Prescribed by GSA/NCMH, FIRMR (41 CFR) 201-4.2[illegible]

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
03MAY06 0150	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) Sec 1.4.A 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
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
03MAY06 0150	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b F) X 12 F enteral feeding tube was
	inserted in the R nostril using standard procedure. A stylet (b)(3):10 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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
03MAY06 1135	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 1135. 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
	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)

#443

PROGRESS NOTES
Medical Record

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

NAVHOSPTNGMO 6320 / 5 (5-90)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/2/04	Left arm	0258	1130	Left leg	0258	1135
	Right arm	0258	1135	Right leg	0258	1135

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			**0900**			**1500**			**2100**		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945	G,I,K,L		1545			2145		
0400			**1000**	I,J,K,L		**1600**			**2200**		
0415			1015	I,J,K,L		1615			2215		
0430			1030	I,J,K,L		1630			2230		
0445			1045	I,J,K,L		1645			2245		
0500			**1100**	I,J,K,L		**1700**			**2300**		
0515			1115	I,J,K,L		1715			2315		
0530			1130	I,J,K,L		1730			2330		
0545			1145	I,J,K,L		1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

#603

GTMO JMG 554

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE/TIME START	DATE/TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2 MAY 04 0730			Place Detainee in (b)(1)		
			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 Indepe(b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
2 MAY 04 0730			(b)(3):10 USC §130b,(b)(6) GITM		
			INITIATION OF RESTRAINTS -- MEDIC TE		
			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 b(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

043

MEDICAL RECORD — PROGRESS NOTES
(Sign all orders)

DATE AND TIME

01 mar 06
0535

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

Detainee placed in (b)(1) 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

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

01 mar 06
0535

Indication: Malnutrition; hunger strike (b)(3):10

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

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

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

01 mar 06
0735

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 1735. Detainee (b)(3):10 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 600 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

#1093

NAVMEDPUBLISHING-6621.1 Series

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
21MAR06	Left arm	0345	1135	Left leg	0345	1135
	Right arm	1535	1235	Right leg	1535	1235

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530	1, 12, I, K		2130		
0345			0945			1545	1, 12, I, K		2145		
0400			1000			1600	1, 12, I, K		2200		
0415			1015			1615	1, 12 I, K		2215		
0430			1030			1630	1, 12, I, K		2230		
0445			1045			1645	1, 12, I, K		2245		
0500			1100			1700	1, 12, I, K		2300		
0515			1115			1715	1, 12, I, K		2315		
0530			1130			1730	1, 12, I, K		2330		
0545			1145			1745	Released		2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Address/Ship:

#603

GTMO JMG 557

508 111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2mar06 0130			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 Independe (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			(b)(3):10 USC §130b,(b)(6) ITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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.		
			GITMO D (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.

1693 Mar1

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
01 mar 06 c 1010	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). (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
01mar06 c 1010	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC 0 F / 12 F enteral feeding tube was
	inserted in the R (b)(3):10 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 (b)(3):10 USC
	GITMO Dr. / Nurse
01mar06 c 1210	**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 1210. 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
	GITMO Nurse

(continues on reverse side)

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

693

PROGRESS NOTES
Medical Record

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

NAVHOSPTGMO/6570/1 Series

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
07 MAY 06	Left arm	1018	1213	Left leg	1018	1214
	Right arm	1210	1213	Right leg	1018	1213

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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
0600			0600			1200	4,12,I,K	(b)(3):10 USC §130	1800		
0615			0615			1215	4,12,I,K		1815		
0630			0630			1230			1830		
0645			0645			1245			1845		
0700			0700			1300			1900		
0715			0715			1315			1915		
0730			0730			1330			1930		
0745			0745			1345			1945		
0800			0800			1400			2000		
0815			0815			1415			2015		
0830			0830			1430			2030		
0845			0845			1445			2045		
0900			0900			1500			2100		
0915			0915			1515			2115		
0930			0930			1530			2130		
0945			0945			1545			2145		
1000			1000	4,12,I,K	(b)(3):10 USC §130b,(b)(6)	1600			2200		
1015			1015	4,12,I,K		1615			2215		
1030			1030	4,12,I,K		1630			2230		
1045			1045	4,12,I,K		1645			2245		
1100			1100	4,12,I,K		1700			2300		
1115			1115	4,12,I,K		1715			2315		
1130			1130	4,12,I,K		1730			2330		
1145			1145	4,12,I,K		1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials
				(b)(3):10 USC §130b,(b)(6)	

Additional pages: #143

Navy Medicine Online, 2005

GTMO JMG 560

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
Mar 06			Place Detainee in (b)(1) Sec		
0730			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 Independ (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			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 (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

643

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/11/02 @ 1310	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) 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)
3/11/02 @ 1340	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 Fr / 12 Fr 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)
3/11/02 1530	**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 1530 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)

(continues on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
3/11/04	Left arm:	1340	1530	Left leg	1340	1530
	Right arm	1340	1530	Right leg	1340	1530

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	I, R, I, K		1945		
0200			0800			1400	I, R, I, K		2000		
0215			0815			1415	I, R, I, K		2015		
0230			0830			1430	I, R, I, K		2030		
0245			0845			1445	I, R, I, K		2045		
0300			0900			1500	I, R, I, K		2100		
0315			0915			1515	I, R, I, K		2115		
0330			0930			1530	I, R, I, K		2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693 pm

GTMO JMG 563

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
mar 06 0738			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 Independ (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICAI E		
			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 re (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr		

(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

1603 AM

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

3/1/04 @ 0530

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

Detainee placed in (b)(1) 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)

3/1/04 @ 0825

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

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

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

3/1/04 @ 0830

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 1030. 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)

(continued on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
01 April 06	Left arm	0800	1430	Left leg	0830	1630
	Right arm	0856	1020	Right leg	0830	1630

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	L,O,I,K		1430			2030		
0245			0845	L,O,I,K		1445			2045		
0300			0900	L,O,I,K		1500			2100		
0315			0915	L,O,I,K		1515			2115		
0330			0930	L,O,I,K		1530			2130		
0345			0945	L,O,I,K		1545			2145		
0400			1000	L,O,I,K		1600			2200		
0415			1015	L,O,I,K		1615			2215		
0430			1030	L,O,I,K		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Initials
				(b)(3):10 USC §130b,(b)(6)

693 Am

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/15/06 0250	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). (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
2/15/06 0750	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC R/L 12 F enteral feeding tube was
	inserted in the L nostril using standard procedure. A sty(b)(3):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
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
2/15/06 0945	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 0945. Detainee (b)(3):10 did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episode. (b)(3):10 USC
	GITMO Nurse

(continues on reverse side)

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

693 441

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
5 Feb 06			Place Detainee in (b)(1)		
			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 Independe (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
1500	2/15/06 0730		(b)(3):10 USC §130b,(b)(6) GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITMO I		

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade, rank; race; hospital or medical facility) | REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 502 (REV. 3-84)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-6.202-1

GTMO JMG 568

OBSERVATION SHEET

Wt	Lung Sounds	Anxiety	Orientation	Lung Sounds	Glucose	Insulin
216lbs	Left Lung	0755	0945	Left leg	0758	0945
	Right Lung	0758	0945	Right leg	0758	0945

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Disturbing/Inappropriately
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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			(b)(3)			1330			1930		
2145			:10			1345			1945		
0200			0800	1,12,I,K		1400			2000		
0215			0815	1,12,I,K,P		1415			2015		
0220			0830	1,12,I,K		1430			2030		
0245			0845	1,12,I,K		1445			2045		
0300			0900	1,12,I,K		1500			2100		
0315			0915	1,12,I,K		1515			2115		
0330			0930	1,12,I,K		1530			2130		
0345			0945	1,12,I,K		1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials
			(b)(3):10 USC §130b,(b)(6)

623

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
15Feb06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0815			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 Independ[illegible]LIP) within 1 hour of restraints)		
			(b)(3):10 USC §130b,(b)(6) GITMO (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL[illegible]E		
			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 re(b)(3):10 USC §130b,(b)(6)		
			GITMO Dr.		

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

RESTRAINT OBSERVATION SHEET

Date: 2/5/06	Left arm	1330	1525	Left leg	1330	1525
	Right arm	1330	1525	Right leg	1330	1525

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

1. Lies or sits still
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
24. 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 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. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other: See Note (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	1, 12, I, K		1930		
0145			0745			1345	1, 12, I, K		1945		
0200			0800			1400	1, 12, I, K		2000		
0215			0815			1415	1, 12, I, K		2015		
0230			0830			1430	1, 12, I, K		2030		
0245			0845			1445	1, 12, I, K		2045		
0300			0900			1500	1, 12, I, K		2100		
0315			0915			1515	1, 12, I, K		2115		
0230			0930			1530	Released		2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

#693

508 111 NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
14 Feb 06			Place Detainee in (b)(1) Sec		
0730			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 Independer (b)(3):10 USC §130b,(b)(6) er (LIP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL I OTE		
			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 b (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

b93

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-6.222-1

GTMO JMG 572

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
14 Feb 06	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
0400	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)(
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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 (
	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 1045. 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)

(continue on reverse side)

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

PERSONNEL OBSERVATION SHEET

(Use Military Time Only)

Name	Eye & Surveillance	Initials	Time	Eye & Surveillance	Time	Initials
ISN #641	Left room	0423	1023	Left leg	0823	1023
	Right room	0423	1023	Right leg	0823	1023

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

1. Eyes open/light
2. Banging on/kicking door
3. Talking or verbalizing
4. Crying
5. Singing
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
24. 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 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. Pastoral interaction
P. VS (q 4 hr)*
Q. Other: See Note (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	1, 12, I, K		1415			2015		
0230			0830	1, 12, I, K		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0315			0915	1, 12, K		1515			2115		
0330			0930	1, 12, K		1530			2130		
0345			0945	1, 12, K		1545			2145		
0400			1000	1, 12, K		1600			2200		
0415			1015	1, 12, I, K		1615			2215		
0430			1030	1, 12, K		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)

Date	Time	Code	Initials

693

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
28 Feb 08			Place Detainee in (b)(1) Sec		
0815			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 Indepe[illegible]IP) within 1 hour of restraints) (b)(3):10 USC §130b,(b)(6)		
			GITM[illegible]		
			INITIATION OF RESTRAINTS -- MEDIC[illegible]E		
			Reason for Restraint: Medical Necessity		
			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[illegible] (b)(3):10 USC §130b,(b)(6)		
			GITMO [illegible]		

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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

0813 (UM)

STANDARD FORM 508 (REV. 8-94)
Prescribed by GSA/IMSR, FIRMR (41 CFR) 201-8.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/28/K, 0830	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)
2/29/K 0824	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / 12 F enteral feeding tube was
	inserted in the _ R / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
2/28/K 0845	**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 1045. 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)

(continued on reverse si

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
8/29/06	Left arm	0826	1045	Left leg	0824	1025
	Right arm	0824	1005	Right leg	0826	1028

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	1,12 TJK		1430			2030		
0245			0845	1,12 TJK		1445			2045		
0300			0900	1,12 TJK		1500			2100		
0315			0915	1,12 TJK		1515			2115		
0330			0930	1,12 TJK		1530			2130		
0345			0945	1,12 TJK		1545			2145		
0400			1000	1,12 TJK		1600			2200		
0415			1015	1,12 TJK		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials
				(b)(3):10 USC §130b,(b)(6)	

Attach Nursing Graph

GTMO JMG 577

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
28 Feb 06 0840			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)		
			GITMO (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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		
			GITMO (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

log 3

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/26/04 0 1430

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) 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)

2/26/04 1430

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

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

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

2/26/04 1630

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 1630 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)

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
2/28/04	Left arm	1452	1520	Left leg	1452	1520
	Right arm	1450	1520	Right leg	1452	1520

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430	LP TJK		2030		
0245			0845			1445	LP TJK		2045		
0300			0900			1500	LP TJK		2100		
0315			0915			1515	LP TJK		2115		
0330			0930			1530	LP TJK		2130		
0345			0945			1545	LP TJK		2145		
0400			1000			1600	LP TJK		2200		
0415			1015			1615	LP TJK		2215		
0430			1030			1630	LP TJK		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

LCDR

GTMO JMG 580

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2 Feb 26 1442			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 (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITM		

(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

643

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
2/27/06	
1540	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)
2/27/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
1540	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)
2/27/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
1546	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1720	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1726 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)

(cont'd on reva

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

693

NAVMED 6570/6 (REV. 5-87)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
2/2/06	Left arm	1530	1726	Left leg	1540	1726
	Right arm	1540	1726	Right leg	1540	1726

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			**1445**			2045		
0300			**0900**			**1500**			**2100**		
0315			0915			1515			2115		
0330			0930			1530	L,2,3,E,K		2130		
0345			0945			1545	L,2,3		2145		
0400			**1000**			**1600**	L,2,3		**2200**		
0415			1015			1615	L,2,3,E,K		2215		
0430			1030			1630	L,2,3		2230		
0445			1045			1645	L,2,3		2245		
0500			**1100**			**1700**	L,2,3,E,K		**2300**		
0515			1115			1715	L,2,3		2315		
0530			1130			1730	L,2,3,E,K		2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3): 10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

693

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
7 Feb 06 0730			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 Independen(b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			(b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6)		
			INIT STRAINTS -- MEDICAL E		
			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.		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		

(continued on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/27/06

0810

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).

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

2/27/06

0819

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

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

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

2/27/06

1812

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 1814 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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
2/24/06	Left arm	0400	1612	Left leg	0800	1612
	Right arm	0400	1612	Right leg	0800	1612

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,2,3,K		1400			2000		
0215			0815	1,2,3		1415			2015		
0230			0830	1,2,3		1430			2030		
0245			0845	1,2,3,J,K		1445			2045		
0300			0900	1,2,3		1500			2100		
0315			0915	1,2,3		1515			2115		
0330			0930	1,2,3,J,K		1530			2130		
0345			0945	1,2,3		1545			2145		
0400			1000	1,2,3		1600			2200		
0415			1015	1,2,3,J,K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials
		(b)(3):10 USC §130b,(b)(6)			

(b)(3): 10 USC §130b ,(b)(6)

643

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
26 Dec 2006 0420			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 Independ[illegible]IP) within 1 hour of restraints)		
			GITMO [illegible] (b)(3):10 USC §130b,(b)(6)		
			IN[illegible]AINTS -- MEDICAL[illegible]E		
			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[illegible] (b)(3):10 USC §130b,(b)(6)		
			GITMO [illegible]		

(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

LAB 3 pm

STANDARD FORM 509 (REV. 3-74)
Prescribed by GSA/NCSR, FIRMR (41 CFR) 201-8.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/24/06	
1645	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)
2/25/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
1645	Indication: Mainutrition; 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)
2/24/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
1645	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 1800. 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)

(continue on reverse side)

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 600 (REV. 7-91)
Prescribed by GSA/OMR, FIRMR (41CR)

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
2 Dec 04	Left arm	1400	0600	Left leg	1400	0600
	Right arm	1400	1800	Right leg	1400	1800

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,2,3,7,K	MC
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	1,2,3,7,K		2200		
0415			1015			1615	1,2,3		2215		
0430			1030			1630	1,2,3		2230		
0445			1045			1645	1,2,3,7,K		2245		
0500			1100			1700	1,2,3		2300		
0515			1115			1715	1,2,3		2315		
0530			1130			1730	1,2,3,7,K		2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

Addressograph

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MEDICAL RECORD — DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2100 10 Oct			Place Detainee in (b)(1) Sec		
0430			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 Independe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			(b)(3):10 USC §130b,(b)(6) ITMO D		
			INITIATIO EDICAL TE		
			Reason fo ssity 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.		
			GITMO (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 Urn

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
2/24/06	
0925	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)
2/24/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
0925	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)
2/24/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
0925	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1125	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1125 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)

(continue on reverse side)

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

693

NAVMED P-117 (Rev. 7-99) (Back)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
2/26/06	Left arm:	0123	1105	Left leg	0926	1103
	Right arm	0625	1107	Right leg	0925	1105

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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		
0630			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	1,2,3,5,8		1515			2115		
0330			0930	1,2,3		1530			2130		
0345			0945	1,2,3,7		1545			2145		
0400			1000	1,2,3,5,8		1600			2200		
0415			1015	1,2,3		1615			2215		
0430			1030	1,2,3		1630			2230		
0445			1045	1,2,3,5,8		1645			2245		
0500			1100	1,2,3,7		1700			2300		
0515			1115	1,2,3,5,8		1715			2315		
0530			1130	1,2,3,7		1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

GTMO JMG 592

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
25 Feb 06 0720			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 Independe (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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.		
			GITM (b)(3):10 USC §130b,(b)(6)		

(continued 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

1693 pm

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/25/14 1020	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) 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)
2/25/14 @ 1420	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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)
2/25/14 1620	**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 1620. 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)

(continue on reverse)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
8/25/06	Left arm	1450	1645	Left leg	1450	1645
	Right arm	1450	1645	Right leg	1450	1645

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	L,O,I,K	(b)(3): 10 USC §130b, (b)(6)	2000		
0215			0815			1415	A		2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530	Y		2130		
0345			0945			1545			2145		
0400			1000			1600	L,O,I,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		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
25 Feb 06 0730			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 Independe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICAL TE		
			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 b (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

693 dm

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/12/04 0815	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
2/12/04	Indication: Malnutrition; hunger strike
0915	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)
2/12/04	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
0915	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 0915. 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)

(continue on reverse)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
	Left arm			Left leg		
	Right arm			Right leg		

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 3 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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0245			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		
0520			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3): 10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 598

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
21 Feb 06			Place Detainee in (b)(1) Sec		
0430			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 Independ (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITMO D		

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; rate; hospital or medical facility) | REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693.

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/2/06

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) 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 mi

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

2/2/06

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

ORAL

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.

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

2/2/06

1810

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 1810. Detainee had / did not have 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 600 (REV. 7-84)
Prescribed by GSA/OVR FPMR (41CFR

GTMO JMG 600

RESTRAINT OBSERVATION SHEET

Name (Last, First, Middle)	Location	Start Date/Time	Stop Date/Time	Continuation
Zifgo	Left arm: 0900 / 2000	Left leg: 0900 / 1000		
	Right arm: 0900 / 2000	Right leg: 0900 / 1000		

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

1. Loss of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Non-communicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Medical 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~~	08* 1,12,2		1415			2015		
0230			0830	1,12,2		1430			2030		
0245			0845	1,12,2,K		1445			2045		
0300			0900	1,12,2,K		1500			2100		
0315			0915	1,12,2,K		1515			2115		
0330			0930	1,12,2,K		1530			2130		
0345			0945	1,12,2,K		1545			2145		
0400			1000	1,12,2,K		1600			2200		
0415			~~1015~~	10/01,12,		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 | Signature | Initials

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 601

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
21 Feb 06			Place Detainee in (b)(1) Sec		
0840			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 Independen(b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO Dr		
			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(b)(3):10 USC §130b,(b)(6)		
			GITMO		

(continued 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

603 PM

GTMO JMG 602

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
7/2 1500	
7/2 1510	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 r
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)
7/2 1530	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
1540	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / _ 12 F enteral feeding tube was
ORAL	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)
7/2 1610	**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 1540 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)

(continue on reverse s

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, FIRMR (41 CFR)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
21 Feb 06			Place Detainee in (b)(1) Sec 1.4.A		
0840			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 Independen (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO Dr		
			INITIATION OF RESTRAINTS -- MEDICAL C		
			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 compleled. Detainee understands that if he eats. that involuntary		
			feeding in medical restraints will no longer be (b)(3):10 USC §130b,(b)(6)		
			GITMO D		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

603 PM

RESTRAINT/OBSERVATION SHEET

21FE06	Left arm	1340	1540	Left leg	1340	1540
	Right arm	1340	1540	Right leg	1340	1540

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

1. Eyes open
2. Hearing or talking about
3. Talking or [illegible]
4. Sleeping
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Responding to [illegible]
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive behavior
22. Disrobing
23. Urinating/defecating on floor
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. Psych 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~~	13,2,3,4,5		1945		
0200			0800			1400	1,12,3,4,5		2000		
0215			0815			1415	1,12,3,4,5		2015		
0230			0830			1430	1,12,3,4,5		2030		
0245			0845			1445	1,12,3,4,5		2045		
0300			0900			1500	1,12,3,4,5		2100		
0315			0915			1515	1,12,3,4,5		2115		
0330			0930			1530	1,12,3,4,5		2130		
0345			0945			~~1545~~	1545 1,12,3		2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature | Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Signature | Initials

693

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
20 Feb 06			Place Detainee in (b)(1) Sec 1.4.A		
0930			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 Independer (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 b (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

043

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/OMB FIRMR (41 CFR) 201-45.202.1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/3/14
1017

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

Detainee placed in (b)(1) Sec 1.4.A 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)

2/20/14
1425

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was

inserted in the R / L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

2/22/14
1420

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 1424. 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)

(Continue on reverse side)

RESTRAINT OBSERVATION SHEET

Date:	Limb Restrained:	Time On:	Time Off:	Limb Restrained:	Time On:	Time Off:
3/29/05	Left arm	1405	1430	Left leg	1425	1430
	Right arm	1405	1430	Right leg	1425	1430

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

1. Loss of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Respecting others
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other. See Notes (SF 509)

*Medical 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	LHD, EK		2030		
0245			0845			1445	LHD, EK		2045		
0300			0900			1500	LHD, EK		2100		
0315			0915			1515	LHD, EK		2115		
0330			0930			1530	LHD, EK		2130		
0345			0945			1545	LHD, EK		2145		
0400			1000			1600	LHD, EK		2200		
0415			1015			1615	LHD, EK		2215		
0430			1030			1630	LHD, EK		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Staff Name	Initials	Signature	Staff Name	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
20 Feb 06 0851			Place Detainee in (b)(1) Sec 1.4.A		
			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 Independe (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 rec (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr.		

(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.

0872

DOCTOR'S ORDERS
MEDICAL RECORD

0872

693

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIPMR (41 CFR) 201-45.103-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/05/14 0412 — 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)

2/05/14 0532 — **PROCEDURE NOTE: INSERTION OF FEEDING TUBE**

Indication: Malnutrition; hunger strike

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

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

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

2/06/14 1021 — **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 1021. 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)

(continue on reverse side)

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

removed every Friday due to swelling, BM, nutrition, fluids, bilat. placed easily w/o complication. (b)(3):10 USC §130b,(b)(6)

RESTRAINT OBSERVATION SHEET

Name	Restraint Type	Start Time	Stop Time	Restraint Type	Start Time	Stop Time
[redacted]	Left arm	0834	1930	Left leg	0834	1638
	Right arm	0832	1930	Right leg	0834	1638

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

1. Line of sight
2. Buzzing or knocking door
3. Shuffling or foot drag
4. Crawling
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Singing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
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 3 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. Psych staff interaction
P. VS (q 4 hr)*
Q. Other. See Notes (SF 509)

*Mandated 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	[illegible]		1430			2030		
0245			0845	[illegible]		1445			2045		
0200			0900	[illegible]		1500			2100		
0315			0915	[illegible]		1515			2115		
0330			0930	[illegible]		1530			2130		
0345			0945	[illegible]		1545			2145		
0400			1000	[illegible]		1600			2200		
0415			1015	[illegible]		1615			2215		
0430			1030	[illegible]		1630			2230		
0445			1045	[illegible]		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

509-111

DOCTOR'S ORDERS
(Sign all orders)

MEDICAL RECORD DATE AND TIME START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
4/12/06 0730			Place Detainee in (b)(1) Sec 1.4.A		
			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 Indepen) within 1 hour of restraints) (b)(3):10 USC §130b,(b)(6)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA		
			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 b (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

1093

STANDARD FORM 509 (REV. 3-91)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-9.202-1

MEDICAL RECORD — PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
2/19/06 1330	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) Sec 1.4.A 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)
2/19/06 1334	**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 w(b)(3):10 USC §130b,(b)(6) s.
	GITMO Dr. / Nurse
2/19/06 1534	**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 1534. 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)

(continue on reverse)

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

093

RESTRAINT OBSERVATION SHEET

[illegible]

2/14/05

	Time Restraint Applied	Time Restraint Discontinued		Time Restraint Applied	Time Restraint Discontinued
Left arm	1330	1430	Left leg	1330	1430
Right arm	1330	1430	Right leg	1330	1430

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

1. Line of sight
2. Beating or kicking door
3. Yelling or verbalizing
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Staring
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Psych 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	1,2,13,J,K		1930		
0145			0745			1345	1,K,2		1945		
0200			0800			1400	1,2,13		2000		
0215			0815			1415	1,K,2,13,K		2015		
0230			0830			1430	1,K,13		2030		
0245			0845			1445	1,K,13		2045		
0300			0900			1500	1,K,13,J,K		2100		
0315			0915			1515	1,K,13		2115		
0330			0930			1530	1,K,13,J,K		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						2345		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Signature | Initials

Signature | Initials

log 5

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
10 Feb 06			Place Detainee in (b)(1) Sec		
0730			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 Independe (b)(3):10 USC §130b,(b)(6)) within 1 hour of restraints)		
NOTED 2/10/06	0730		(b)(3):10 USC §130b,(b)(6) GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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.		
			GITMO (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

b93

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/19/06	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
C 0820	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
2/19/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
C 0820	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b, 8 F / 12 F enteral feeding tube was
	inserted in th (b)(3) 10 nostril using standard procedure. A style (b)(3): 10 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)
	GITMO Dr. / Nurse
2/19/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
C 1820	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 1820 Detaine (b)(3):10 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)

693

PERMANENT OBSERVATION SHEET

Date: 2/19/06

Limb Restraints: Left arm, Right arm, Left leg, Right leg

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

1. Use of toilet
2. Bending or kneeling down
3. Walking or exercising
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling (unclear)
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Elucatering stuff
18. Assaultive
19. Crawling
20. Noncommunicating
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
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. Peer/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	4,12,I,K		1415			2015		
0230			0830	4,12,I,K		1430			2030		
0245			0845	4,12,I,K		1445			2045		
0300			0900	4,12,I,K		1500			2100		
0315			0915	4,12,I,K		1515			2115		
0330			0930	4,12,I,K		1530			2130		
0345			0945	4,12,I,K		1545			2145		
0400			1000	4,12,I,K		1600			2200		
0415			1015	4,12,I,K		1615			2215		
0430			1030	2,12,I,K		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature | Initials | Signature | Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
8/6/06			Place Detainee in (b)(1) Sec		
0720			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 Independe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL TE		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITM		

(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.

1643 PM

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
9/5/06	
1545	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) Sec 1.4.A 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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was
	inserted in the R / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
9/6/06	**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 0545. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems re[illegible]e. (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse

(continue on reverse si[illegible])

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

GTMO JMG 619

DEPARTMENT OBSERVATION SHEET

[illegible] (Confidential When Filled Out)

[illegible]	Vital Signs Recorded	Initials	Time	Vital Signs Recorded	Initials	Time
[illegible]	Left arm	[illegible]	[illegible]	Left leg	[illegible]	[illegible]
	Right arm	[illegible]	[illegible]	Right leg	[illegible]	[illegible]

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

1. Out of sight
2. Reading or looking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Harassing staff
18. Assaultive
19. Crawling
20. Non-communicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other. See Notes (SF 509)

*Medical Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 620

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
18 Feb 06 0730			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 Independe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL TE		
			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 r (b)(3):10 USC §130b,(b)(6)		
			GITMO D		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FORM 508 (REV. 9-64)
Prescribed by GSA/ICMR (41 CFR) 201-45.201-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

3/12/16

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 (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

3/12/16

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

1600

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.

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

3/12/16

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 1632. Detainee had / did not have 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)

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
18 Feb 06			Place Detainee in (b)(1)		
0730			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 Independe (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITMO I		
			INITIATION OF RESTRAINTS – MEDICAL TE		
			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.		
			GITMO D (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

623

STANDARD FORM 603 (REV. 3-84)
Prescribed by GSA/ICMR, FPMR, (41 CFR) 101-11.303-1

GTMO JMG 623

REGIMENT OBSERVATION SHEET

[illegible]

[illegible]	Left arm	[illegible]	[illegible]	[illegible]	Pulse	[illegible]	[illegible]
	Right arm	[illegible]	[illegible]		Right leg	[illegible]	[illegible]

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

1.	Loss of sight	7.	Talking	13.	Quiet	19.	Crawling
2.	Beating or kicking door	8.	Mumbling incoherently	14.	Sleeping	20.	Nonconformulistic
3.	Walking normally	9.	Shouting	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 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 ½ hr)*	M.	Bath/shower (qd)*
B.	Meal refused	F.	Toilet refused	J.	ROM (q 2 hr)*	N.	Bath/shower refused
C.	Fluids offered (q 2 hr)*	G.	Medication accepted	K.	RN observation (q 2 hr)*	O.	Pt/staff interaction
D.	Fluids refused	H.	Medication refused	L.	Physician Visit	P.	VS (q 4 hr)*
						Q.	Other: See Notes (SF 509)

*Minimal Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0220			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
7Feb06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0730			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)		
			GITMO (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL NOTE		
			Reason for Restraint: Medical Necessity fo		
			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 b		
			GITMO (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

1093

STANDARD FORM 509 (REV. 9-64)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202.1

MEDICAL RECORD

PROGRESS NOTES
(Sign all entries)

DATE AND TIME	
2/11/06	
	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)
2/11/06	**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 (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
2/11/06	**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 1045. 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)

(continue on reverse)

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

693 PMA

RESTRAINT OBSERVATION SHEET

[illegible]

[illegible]	Type Restraint:	Applied	Released	Type Restraint:	Applied	Released
	L Ankle	[illegible]	[illegible]	Left leg	[illegible]	[illegible]
	Right ankle	[illegible]	[illegible]	Right leg	[illegible]	[illegible]

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

1. Face of sight
2. Reading or writing (letter
3. Talking on the phone
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Acting strange
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Cursing
20. Noncommunicative
21. Destructive Behavior
22. Disturbing
23. Urinating defecating on floor
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. Postaff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Habitual 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	[illegible]		1415			2015		
0230			0830	[illegible]		1430			2030		
0245			0845	[illegible]		1445			2045		
0300			0900	[illegible]		1500			2100		
0315			0915	[illegible]		1515			2115		
0330			0930	[illegible]		1530			2130		
0345			0945	[illegible]		1545			2145		
0400			1000	[illegible]		1600			2200		
0415			1015	[illegible]		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

693

GTMO JMG 627

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0858			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 Independ (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA TE		
			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 b (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

1093

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/11/06

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) 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)

2/11/06

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was

inserted in the R / L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

2/11/06

DISCONTINUATION OF RESTRAINTS NOTE AFTER FE

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 1530. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

(continue on re

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

PROGRESS NOTES
Medical Record

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

TREATMENT OBSERVATION SHEET

[redacted]	Left Restraint:	Initials	Time	Left Seclusion:	Initials	Time
	Left arm	[redacted]	[redacted]	Left leg	[redacted]	[redacted]
	Right arm	[redacted]	[redacted]	Right leg	[redacted]	[redacted]

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

1. Lies at night
2. Banging on sliding door
3. Yelling or screaming
4. Crying
5. Laughing
6. Talking
7. Mumbling incoherently
8. Standing
9. Walking or pacing
10. Lying down
11. Sitting
12. Sleeping
13. Requesting release
14. Harmful to self
15. Threatening staff
16. Assaultive
17. Quiet
18. Sleeping
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 8 hr)*
J. ROM (q 2 hr)*
K. RN observation (q 2 hr)*
L. Physician Visit
M. Bath/shower (q d)*
N. Bath/shower refused
O. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Maximal 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	[redacted]		1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 630

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
11 Feb 06			Place Detainee in (b)(1) Sec		
0512Z			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 Independe (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
			(b)(3):10 USC §130b,(b)(6) GITMO D		
			INITIATION BY CORPSMEN IN CHARGE OF MEDICAL STATION		
			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.		
			GITMO (b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, HHMR (41 CFR) 201-11.302-1

GTMO JMG 631

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
2/15/06 0800	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)
2/16/06 0814	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / 12 F enteral feeding tube was
	inserted in the R / _ L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
2/16/06 1610	**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 1610. 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)

(continue on reverse)

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

DETAINEE OBSERVATION SHEET

Date	Cell Location	Cell/Bed	Initials	Cell Location	Cell/Bed	Initials
2/16/06	Left side	0810	mlg	Left side	0810	mlg
	Right side	0810	102465	Right side	0810	102465

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Reported odors
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
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. Postaff 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	1,12,13,3,1		1400			2000		
0215			0815	1,12,13		1415			2015		
0230			0830	1,12,13,1		1430			2030		
0245			0845	1,12,13		1445			2045		
0300			0900	1,12,13		1500			2100		
0315			0915	1,13,12,3,1		1515			2115		
0330			0930	1,12,13		1530			2130		
0345			0945	1,12,13		1545			2145		
0400			1000	1,12,13,1		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
10Feb06			Place Detainee in (b)(1) Sec		
0830			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)		
			GITMO/ (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF MEDICAL RESTRAINTS FOR MEDICAL NECESSITY FOR FEEDING 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		
			GITMO/ (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

1093

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
2/16/06	
1315	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) Sec 1.4.A 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)
2/14/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
1315	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)
2/16/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
1407	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 1407. 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)

(continue on reverse side)

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

603

[illegible] OBSERVATION SHEET

[illegible]

2/12/06

	Upper Extremities	Lower Extremities	Upper Extremities	Lower Extremities	Upper Extremities	Lower Extremities
	Left arm	1340	1607	Left leg	1310	1607
	Right arm	1340	1607	Right leg	1310	1607

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Nonverbal communication
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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	1,2,3,4,8	(b)(3):10 USC §130b,(b)(6)	1900		
0115			0715			1315	1,2,13		1915		
0130			0730			1330	1,2,3,14		1930		
0145			0745			1345	1,2,13		1945		
0200			0800			1400	1,2,3		2000		
0215			0815			1415	1,2,3,14		2015		
0230			0830			1430	1,2,13		2030		
0245			0845			1445	1,2,13		2045		
0300			0900			1500	1,2,13,14		2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials

Signature	Initials

(b)(3):10 USC §130b,(b)(6)

693

8-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
14 Feb 06 0819			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 Indepen(b)(3):10 USC §130b,(b)(6) r (LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA OTE		
			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(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

693

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/NOMF, FIPMR (41 CFR) 201-8.202

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
	Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity
1445 6 Oct	Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.
1409	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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 1610. 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)

(continue on reverse side)

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

693

REFERRAL OBSERVATION SHEET

[illegible]

[illegible]	Left Wrist	1440	1600	[illegible]	Left Ankle	1440	1600
	Right Wrist	1440	1600		Right Ankle	1440	1600

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Murdering inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening self
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
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. 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	1,12,J,K		2015		
0230			0830			1430	1,12,J,K		2030		
0245			0845			1445	1,12,J,K		2045		
0300			0900			1500	1,12,J,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	1,12,J,K		2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545						1745			2345		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
13 Feb 06			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)		
			GITMO Dr.		
			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.		
			GITMO Dr.		

(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 FM

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/13/06

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)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the R / L nostril using standard procedure. A stylet was / was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLE

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 1430. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint ap(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)

PASSENGER OBSERVATION SHEET

12 FEB 04

Left arm				Left leg			
Right arm				Right leg			

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

1. Loss of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Singing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating, defecating, or Both
24. Other: See Note (SF 508)

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. 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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

1200 hrs: 1, K

(b)(3):10 USC §130b,(b)(6)

Signatures | Initials

(b)(3):10 USC §130b,(b)(6)

Initials

GTMO JMG 642

DS-111

NSN 7540-00-634-4131

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
13 Feb 16			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0500			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)		
			GITMO Dr.		
13 Feb 16			INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE		
0800			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.		
			GITMO Dr.		

(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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 509 (REV. 3-04)
Prescribed by GSA/IOMR, FIRMR (41 CFR) 201-6.202-1

GTMO JMG 643

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/13/06

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)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the R / L nostril using standard procedure. A stylet was / was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (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 0[illegible]. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

[redacted] | Room/Bed: 2/B | Left Restraints: Left arm, Right arm | [redacted] | Right Restraints: Left leg, Right leg | [redacted] | Date Out: [redacted]

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

1. Line of sight
2. Reading or looking down
3. Talking or screaming
4. Crying
5. Sleeping
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Eating
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
24. 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 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. 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			2015		
0230			0830			1430			2030		
0245			0845	12K		1445			2045		
0300			0900	12K		1500			2100		
0315			0915	12K		1515			2115		
0330			0930	12K		1530			2130		
0345			0945	12K		1545			2145		
0400			1000	12K		1600			2200		
0415			1015	12K		1615			2215		
0430			1030	12K		1630			2230		
0445			1045	12K		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature | Initials | (b)(3):10 USC §130b,(b)(6) | Signature | Initials

(b)(3):10 USC §130b, (b)(6)

693

GTMO JMG 645

NSN

NSN 7540-01-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12 FEB 0[illegible]			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
[illegible]1100			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)		
			GITMO Dr.		
12 FEB 0[illegible]			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
[illegible]1400			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.		
			GITMO Dr.		

(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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 603 (REV. 3-94)
Prescribed by GSA/ICMR, DFNR (41 CFR) 201-8.202-1

GTMO JMG 646

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/12/06
1442

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)

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 c

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING C

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 1642. 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)

(continue on reverse side)

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

DETAINEE OBSERVATION SHEET

2/12/04

Left Arm: 1412 1612
Right Arm: 1412 1612

Left Leg: 1412 1612
Right Leg: 1412 1612

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

1. Lies of sight
2. Bending or looking down
3. Talking or conversing
4. Cursing
5. Crying
6. Laughing
7. Yelling
8. Shuffling inordinately
9. Standing
10. Walking or pacing
11. Laying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening self
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
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. 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	1 I 2 E		2015		
0230			0830			1430	1 I 2 K		2030		
0245			0845			1445	1 I 2 K		2045		
0300			0900			1500	1 I 2 K		2100		
0315			0915			1515	1 I 2 K		2115		
0330			0930			1530	1 I 2 K		2130		
0345			0945			1545	1 I 2 E		2145		
0400			1000			1600	1 I 2 E		2200		
0415			1015			1615	1 I 2 E		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)

(b)(3):10 USC §130b,(b)(6)

Signature | Initials | Sign here | Initials

693

NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
12 FEB 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0900			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)		
			GITMO Dr.		
12 FEB 06			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
0930			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.		
			GITMO Dr.		

(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.

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/12/06
0838

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)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the R / L nostril using standard procedure. A stylet was / was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (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 1128 Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(continue on reverse side)

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

PERSONNEL OBSERVATION RECORD

9/12/06

Left Arm: [redacted]
Right Arm: [redacted]

Left Leg: [redacted]
Right Leg: [redacted]

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

1. Lights out
2. Beating or kicking door
3. Banging on something
4. Crying
5. Lying
6. Laughing
7. Talking
8. Marching mechanically
9. Standing
10. Walking or pacing
11. Lying down
12. Eating
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating, defecating, or flem
24. 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 (qd)*
N. Bath/shower refused
O. Pastaff 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	1 K		1415			2015		
0230			0830	1 K		1430			2030		
0245			0845	1 K		1445			2045		
0300			0900	1 K		1500			2100		
0315			0915	1 K		1515			2115		
0330			0930	1 K		1530			2130		
0345			0945	1 K		1545			2145		
0400			1000	1 K		1600			2200		
0415			1015	1 K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature Initials

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
11 FEB 06 1400			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec 1.4.A		
			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)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
11 FEB 06 1400			**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.		
			GITMO Dr. (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.

G93

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all entries)
2/11/04 2345	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)
2/11/04 1354	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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)
2/11/04 1558	**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 1558. 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)

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

[illegible]

2/4/04

Limb restrained: Left arm 1552 1552 Right arm 1552 1552

Left leg 1552 1552 Right leg 1552 1552

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

1. Loss of sight
2. Pacing or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Suspicious behavior
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Pastoff 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	1,2,3,J,K		2000		
0215			0815			1415	1,2,3,J,K		2015		
0230			0830			1430	1,2,3,J,K		2030		
0245			0845			1445	1,2,3,J,K		2045		
0300			0900			1500	1,2,3,J,K		2100		
0315			0915			1515	1,2,3,J,K		2115		
0330			0930			1530	1,2,3,J,K		2130		
0345			0945			1545	1,2,3,J,K		2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature Initials Signature Initials Signature Initials

693

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec		
1600Z			Reason For Restraint: Medical Necessity for Feeding		
0730			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 Indepen (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA E		
			Reason for Restraint: Medical Necessity		
			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 restrainte will no longer b (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

693

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
2/14/06 0827	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)
2/14/06 0827	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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)
2/14/06 1025	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FE**
	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 1025. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following proble t episode.
	GITMO Nurs (b)(3):10 USC §130b,(b)(6)

(continue on r

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

PATIENT OBSERVATION SHEET

2/11/04	Left arm	0830	1435	Left leg	0830	1435
	Right arm	0830	1435	Right leg	0830	1435

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

1. Line of sight
2. Reading or looking down
3. Walking or standing
4. Sitting
5. Laughing
6. Crying
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Staring
13. Quiet
14. Sleeping
15. Requesting others
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 8 hr)*
J. ROM (q 2 hr)*
K. RN observation (q 2 hr)*
L. Physician Visit
M. Bath/shower (qd)*
N. Bath/shower refused
O. Postoff 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			2015		
0230			0830	1,10,I,K		1430			2030		
0245			0845	1,11,I,K		1445			2045		
0300			0900	1,11,I,K		1500			2100		
0315			0915	1,11,I,K		1515			2115		
0330			0930	1,13,I,K		1530			2130		
0345			0945	1,11,I,K		1545			2145		
0400			1000	1,13,I,K		1600			2200		
0415			1015	1,11,I,K		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)

Signatures	Initials	Signatures	Initials

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1Feb06			Place Detainee in (b)(1) Sec		
0730			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 Independ (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS – MEDICAL E		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITMO D		

(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

0193 AM

STANDARD FORM 603 (REV. 3-84)
Prescribed by GSA/NSMR, FIRMR (41 CFR) 201-45.202-1

GTMO JMG 658

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

9 Feb 0

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity

2 0550

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)

9 Feb 0

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

0550

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was inserted in the X 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)

9 Feb 0

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

1050

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 1050. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems re (b)(3):10 USC §130b,(b)(6) de.

GITMO Nurse

(continue on reverse s...

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

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			Place Detainee in (b)(1) Sec 1.4.A		
			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 Independe(b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO I		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			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(b)(3):10 USC §130b,(b)(6)		
			GITMO I		

(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

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-5.202(a)

GTMO JMG 660

PSYCHIATRIC OBSERVATION SHEET

QTabb	Lt Arm	0830	1100	Lt Leg	0830	1030
	Rt Arm	0830	1100	Rt Leg	0830	1030

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

1. Line of sight
2. Beating at locking door
3. Yelling or excessive noise
4. Crying
5. Laughing
6. Talking
7. Mumbling incoherently
8. Standing
9. Walking or pacing
10. Lying down
11. Sitting
12. Quiet
13. Sleeping
14. Requesting release
15. Harmful to self
16. Harmful to staff
17. Unreasoning fear
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900	LMP TSK		1500			2100		
0315			0915	LMP TSK		1515			2115		
0330			0930	LMP TSK		1530			2130		
0345			0945	LMP TSK		1545			2145		
0400			1000	LMP TSK		1600			2200		
0415			1015	LMP TSK		1615			2215		
0430			1030	LMP TSK		1630			2230		
0445			1045	LMP TSK		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

C95

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1 FEB	06		**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 Independe (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			GITMO I		
1 FEB	06		**INITIATION OF RESTRAINTS -- MEDICAL**		
			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 b (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

6931

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIFMR (41 CFR) 201-9.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
2/9/ar	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE
1435	Detainee placed in (b)(1) Sec 1.4.A 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)
2/9/ar	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
1405	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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)
0/9/ar	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
1435	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 1435. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problem[illegible] traint episode.
	GITMO Nurse (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)

RESTRAINT OBSERVATION SHEET

[redacted]	Left arm	[redacted]	[redacted]	Left leg	[redacted]	[redacted]
	Right arm	[redacted]	[redacted]	Right leg	[redacted]	[redacted]

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

1. Line of sight
2. Entering or leaving door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Hummal to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Postaff 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		
2145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445	[redacted]		2045		
0300			0900			1500	[redacted]		2100		
0315			0915			1515	[redacted]		2115		
0330			0930			1530	[redacted]		2130		
0345			0945			1545	[redacted]		2145		
0400			1000			1600	[redacted]		2200		
0415			1015			1615	[redacted]		2215		
0430			1030			1630	[redacted]		2230		
0445			1045			1645	[redacted]		2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 664

376-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
8/20 0630			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec 1.4.A		
			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 Independe[illegible] LIP) within 1 hour of restraints)		
			GITMO D[illegible] (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS – MEDICAL [illegible] E		
			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.		
			GITMO D[illegible] (b)(3):10 USC §130b,(b)(6)		

(continue on reverse side)

PATIENT 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 Aug

STANDARD FOR USE (REV. 3-94)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-6.302-1

GTMO JMG 665

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

8-4-05 0430

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)

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 compli

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 0605 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)

(continue on reverse side)

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

PHARMACY OBSERVATION SHEET

[redacted]

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

1. Lack of sight
2. Beating or kicking door
3. Yelling or exercising
4. Pacing
5. Crying
6. Laughing
7. Talking
8. Mumbling inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Repeating actions
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Maximal 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			1130			1930		
0145			0745			1345			1245		
0200			0800	1 12 K		1400			2000		
0215			0815	1 12 K		1415			2015		
0230			0830	1 12 K		1430			2030		
0245			0845	1 12 K		1445			2045		
0200			0900	1 12 K		1500			2100		
0315			0915	1 12 K		1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	1 12 K		1545			2145		
0400			1000	1 12 K		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature | Initials | Signature | Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
8/6/06 0837			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec 1.4.A		
			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 Indepen (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICA		
			Reason for Restraint: Medical Necessity f		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITMO D		

(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

9 Feb 05
1715

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)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was

inserted in the R / L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (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 [redacted]. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode: [redacted]

GITMO Nurse (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)

PSYCHIATRIC OBSERVATION SHEET

Name (Last, First, Middle Initial)

Left arm

Right arm

Left leg

Right leg

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening self
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 (q 3)*
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	L, I, K		2015		
0230			0830			1430	L, I, K		2030		
0245			0845			1445	L, I, K		2045		
0300			0900			1500	L, I, K		2100		
0315			0915			1515	L, I, K		2115		
0330			0930			1530	L, I, K		2130		
0345			0945			1545	L, I, K		2145		
0400			1000			1600	L, I, K		2200		
0415			1015			1615	L, I, K		2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature | Initials

(b)(3):10 USC §130b,(b)(6)

Last Name | Initials

GTMO JMG 670

DOR-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1 Feb 0124			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 Independer (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)		
			GITMO Dr.		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			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 re (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr.		

(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

0923 PM

STANDARD FORM 603 (REV. 2-87)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-6.302-1

GTMO JMG 671

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

1700

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).

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was inserted in the X 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.

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at 1810. 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)

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, 7 FPMR (41 CR)

MEDICATION OBSERVATION SHEET

3F6401

Left Arm: 1400 1610
Right Arm: 1400 1610

Left Leg: 1410 1610
Right Leg: 1410 1610

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

1. Line of sight
2. Seeking or locking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Shrubbing/self-harm
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 (q d)*
N. Bathshower refused
O. Postoff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Habitual 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			0720			1330			1930		
0145			0745			1345			1945		
0200			0800			1400			2000		
0215			0815			1415	1, 12, 2, K		2015		
0230			0830			1430	1, 12, 2, K		2030		
0245			0845			1445	1, 12, 2, K		2045		
0200			0900			1500	1, 12, 2, 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	1, 12, 2, K		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)

(b)(3):10 USC §130b,(b)(6)

693

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	PX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1060L			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec 1.4.A		
			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)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
1 FEB 06			**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.		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		

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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

G73

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

6 Feb 06 0450

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

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was

inserted in the X 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 0[illegible]. 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)

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

DETAINEE OBSERVATION SHEET

[redacted]	Cell Block/Number	Initial	[redacted]	Cell Block/Number	Initial	[redacted]	[redacted]
	Left side	[redacted]	[redacted]	Left leg	[redacted]		[redacted]
	Right side	[redacted]	[redacted]	Right leg	[redacted]		[redacted]

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

1. Line of sight
2. Bending or looking down
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Staring
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating defecating on floor
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. Psych/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			2015		
0230			0830			1430			2030		
0245			0850	2, 12, K, 3		1445			2045		
0300			0900	2, 12, K		1500			2100		
0315			0915	2, 12, K		1515			2115		
0330			0930	2, 12, K		1530			2130		
0345			0945	2, 12, K, 3		1545			2145		
0400			1000	2, 12, K		1600			2200		
0415			1015	2, 12, K		1615			2215		
0430			1030	2, 12, K		1630			2230		
0445			1050	2, 12, K, 3		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)

(b)(3):10 USC §130b,(b)(6)

Time | Code | Initials

GTMO JMG 676

GTMO JMG 677

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0820			Place Detainee in (b)(1) Sec 1.4.A		
0821			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 Independer (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 b (b)(3):10 USC §130b,(b)(6)		
			GITMO		

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

REGISTER NO. | WARD NO.

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
6 FEB 2006 1402	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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 1602. 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)

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

RESTRAINT OBSERVATION SHEET

ISN	Restraints Applied	Date	Time	Restraints Removed	Date	Time
[redacted]	Left arm	16 Oct	1602	Left leg	16 Oct	1602
	Right arm	16 Oct	1602	Right leg	16 Oct	1602

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

1. Line of sight
2. Seating or laying down
3. Talking or conversing
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Pastoff 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			1100			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400	1,2,3,K	(b)(3):10 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	1,12,3,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	1,12,3,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)

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MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1Feb06 0930			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 Indeper (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints)		
			GITM		
			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 b (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.

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/1/04 0830

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Sec 1.4.A 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)

1/1/04 0930

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition: hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was inserted in the X R / __ L nostril using standard procedure. A stylet was / was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by insuffiation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)

1/1/04 1030

DISCONTINUATION OF RESTRAINTS NOTE AFTER FE TE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restrainis and returned to his cell in good condition. Detainee was released from restraints at 1030. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problem int episode.

GITMO Nurse (b)(3):10 USC §130b,(b)(6)

(continue on rev

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

RESTRAINT OBSERVATION SHEET

[illegible]

Initial Restraint: [illegible] Date/Time: [illegible]

Restraint: [illegible] Date/Time: [illegible]

Discontinued: [illegible] Date/Time: [illegible]

Restraint: [illegible] Date/Time: [illegible]

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

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

*Medical 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	[illegible]	(b)(3): 10 USC §130b, (b)(6)	1400			2000		
0215			0815	[illegible]		1415			2015		
0230			0830	[illegible]		1430			2030		
0245			0845	[illegible]		1445			2045		
0300			0900	[illegible]		1500			2100		
0315			0915	[illegible]		1515			2115		
0330			0930	[illegible]		1530			2130		
0345			0945	[illegible]		1545			2145		
0400			1000	[illegible]		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature | Initials | Signature

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4121

MILITARY RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
0 2 Y 0 6			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
			Place Detainee in (b)(1) Sec 1.4.A		
			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 4 hours of restraints)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
0 5 A 0 6 0			**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		
			GITMO Dr. (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.

6 23

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, NPMP (41 CFR) 201-6.302-4

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

5/[illegible]

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 Nurs (b)(3):10 USC §130b,(b)(6)

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the R / L nostril using standard procedure. A stylet was / was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (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 [illegible] 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)

(continue on re

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

DETAINEE OBSERVATION SHEET

SF630

SF630

Detainee ID: SF630

Initial Assessment: Time / Initials

Left eye: 1315 / [illegible]

Right eye: 1315 / [illegible]

Subsequent Observations: Time / Initials

Left eye: 1315 / [illegible]

Right eye: 1315 / [illegible]

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

1. Loss of sight
2. Beating or kicking door
3. Pulling or tearing mattress
4. Crying
5. Urinating
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Repeating phrases
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Growling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 (q/d)*
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	1325 1,12,I,K		1930		
0145			0745			1345	1,12,I,K		1945		
0200			0800			1400	1,12,I,K		2000		
0215			0815			1415	1,12,I,K		2015		
0230			0830			1430	1,12,I,K		2030		
0245			0845			1445	1,12,I,K		2045		
0300			0900			1500	1,12,I,K		2100		
0315			0915			1515	1,12,I,K		2115		
0330			0930			1530	1525 1,12,I,K		2130		
0345			0945			1545	Released		2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature / Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

DD FORM 1

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
2 FEB	06		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)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
2 FEB 06			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.		
			GITMO Dr. (b)(3):10 USC §130b,(b)		

(continued 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

JMG

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 502 (REV. 2-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

GTMO JMG 688

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrainted:	Time In:	Time Out:	Limb Restrainted:	Time In:	Time Out:
2/[illegible]/[illegible]	Left arm	[illegible]	[illegible]	Left leg	[illegible]	[illegible]
	Right arm	[illegible]	[illegible]	Right leg	[illegible]	[illegible]

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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			2015		
0230	[illegible]		0830			1430			2030		
0245	[illegible]		0845			1445			2045		
0300	[illegible]		**0900**			**1500**			**2100**		
0315	[illegible]		0915			1515			2115		
0330	[illegible]		0930			1530			2130		
0345	[illegible]		0945			1545			2145		
0400	[illegible]		**1000**			**1600**			**2200**		
0415	[illegible]		1015			1615			2215		
0430	[illegible]		1030			1630			2230		
0445			1045			1645			2245		
0500			**1100**			**1700**			**2300**		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 689

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
4 FEB	06		**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
1400			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)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
04 FEB	06		**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
1400			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.		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		

(Continued 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

1693

993

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-6.202-1

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
4 Feb 06	
	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 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. / (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 / 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)

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

ASSESSMENT OBSERVATION SHEET

Detainee Name (Last, First, Middle): 4 Leaf K

Detainee Number: 1325 / 1325

ISN: 1520 / 1520

Detainee Location: Camp 6 / Recreation Yard

Date: 18 Dec / 18 Dec

Time: 1520 / 1520

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

1. Use of sight
2. Reading or looking over
3. Talking or conversing
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Response to voices
16. Harmful to self
17. Threatening self
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating, defecating, or throwing
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 8 hr)*
J. ROM (q 2 hr)*
K. RN observation (q 2 hr)*
L. Physician Visit
M. Bath/shower (q d)*
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	LOITERING	(b)(3):10 USC §130b,(b)(6)	1930		
0145			0745			1345	1, 12, 24, K		1945		
0200			0800			1400	1, 12, 24, K		2000		
0215			0815			1415	1, M, 24, K		2015		
0230			0830			1430	1, 12, 24, 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	RELEASED		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					

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 692

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
2 FEB 06 0900			**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)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
2 FEB 06 0940			**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.		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		

(Continued 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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201.6 202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
25 Oct 05	**INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE**
	Detainee placed in (b)(1) 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 [illegible]
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / 12 F enteral feeding tube was
	inserted in the _ R / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEED
	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 1120 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)

(continue on reverse)

GTMO JMG 694

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limbs Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
24 Feb 06	Left arm	0420	1120	Left leg	0420	1120
	Right arm	0420	1120	Right leg	0420	1120

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	1 12 K		1545			2145		
0400			1000	1 12 K		1600			2200		
0415			1015	1 12 K		1615			2215		
0430			1030	1 12 K		1630			2230		
0445			1045	1 12 K		1645			2245		
0500			1100	1 12 K		1700			2300		
0515			1115	1 12 K		1715			2315		
0530			1130	1 12 K		1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

SOP 112

NSN 7540-01-152-8067

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
YES	X		**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 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 restraints)		
YES					
			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 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.		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 509 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

NSN 7540-00-634-4036

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'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 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 restraints)		
			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 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.		

(See back of form for 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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.205-1

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

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1 Feb 04	Left arm	1715	1815	Left leg	1715	1815
	Right arm	1715	1815	Right leg	1715	1815

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845	[illegible]		1445			2045		
0300			0900	[illegible]		1500			2100		
0315			0915	[illegible]		1515			2115		
0330			0930	[illegible]		1530			2130		
0345			0945	[illegible]		1545			2145		
0400			1000	[illegible]		1600			2200		
0415			1015	[illegible]		1615			2215		
0430			1030	[illegible]		1630			2230		
0445			1045	[illegible]		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

Additional Signatures

(b)(3):10 USC §130b,(b)(6)

698

GTMO JMG 698

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
1 FEB 06 1400			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)		
			GITMO D (b)(3):10 USC §130b,(b)(6)		
3 FEB 06 1400			INITIATION OF RESTRAINTS -- MEDICAL C E		
			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 p		
			GITMO D (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.

1693

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
21 Mar 06	
	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 behevior 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 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
	GITMO Dr / Nurse
	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 . Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint
	GITMO

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1 Nov 06	Left arm	1404	1425	Left leg	1423	1425
	Right arm	1407	1425	Right leg	1429	1425

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 hr)*
J. ROM (q 2 hr)*
K. RN observation (q 2 hr)*
L. Physician Visit
M. Bath/shower (q d)*
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			2015		
0230			0830			1430	WITHDRAWN		2030		
0245			0845			1445	1, 12, J, K		2045		
0300			**0900**			**1500**	1, 12, J, K		**2100**		
0315			0915			1515	1, 12, J, K		2115		
0330			0930			1530	1, 12, J, K		2130		
0345			0945			1545	1, 12, J, K		2145		
0400			**1000**			**1600**	1, 12, J, K		**2200**		
0415			1015			1615	1, 12, J, K		2215		
0430			1030			1630	RELEASED		2230		
0445			1045			1645			2245		
0500			**1100**			**1700**			**2300**		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

Additional signatures

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD

DOCTORS ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
31 Jan 0[illegible]			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 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) [illegible]s)		
			(b)(3):10 USC §130b,(b)(6)		
31 Jan 0[illegible]			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 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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-6.2(b)-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
1/31/06	
	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was
	inserted in the R / L nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insufflation and test dose of water. Successful procedure without complications.
	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 1140. 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)

(continue on reverse side)

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

NSN 7540-01-152-8127

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
31 JAN 04			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 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 restraints)		
			(b)(3):10 USC §130b,(b)(6)		
31 JAN 04			**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 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.

1400

693

PM Fed

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 502 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/31/06

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	1400	1600	Left leg	1400	1600
Right arm	1400	1600	Right leg	1400	1600

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	UNDISTURBED		2000		
0215			0815			1415	1, 12, 14		2015		
0230			0830			1430	1, 12, 14		2030		
0245			0845			1445	1, 12, 14		2045		
0300			0900			1500	1, 12, 14		2100		
0315			0915			1515	1, 12, 14		2115		
0330			0930			1530	1, 12, 14		2130		
0345			0945			1545	1, 12, 14		2145		
0400			1000			1600	ASLEEP		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)

Signature	Initials	Signature	Initials

Acknowledged

(b)(3):10 USC §130b,(b)(6)

613

RN Essay

508-111

NSN 7541-00-634-4124

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'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 Independer (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO Dr		
			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 re (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr,		

(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.

DOCTORS ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-74)
Prescribed by GSA/GSAMA, 1 Block (41 CFR) 101-11.504

GTMO JMG 706

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/24/14
0800

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

Detainee placed in (b)(1) Sec 1.4.A 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)

1/24/14
0814

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition: hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was inserted in the X 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)

1/24/14
1610

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 1615. 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)

(continue on reverse if necessary)

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

506-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
29 Jun 06 0730			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 Independe (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			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 re (b)(3):10 USC §130b,(b)(6)		
			GITMO Dr		

(continued 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 apn

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. Jun 1)
Prescribed by GSA/ISOO; 32 CFR 2003.20

GTMO JMG 708

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/29/06	Left arm	0215	1015	Left leg	0215	1015
	Right arm	0215	1015	Right leg	0215	1015

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

1. Loss of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 (ed)*
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	1,12,14K		1415			2015		
0230			0830	1,12,14K		1430			2030		
0245			0845	1,12,14K		1445			2045		
0300			0900	1,12,14K		1500			2100		
0315			0915	1,12,14K		1515			2115		
0330			0930	1,12,14K		1530			2130		
0345			0945	1,12,14K		1545			2145		
0400			1000	1,12,14K		1600			2200		
0415			1015	1,12,14K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials	Sig

(b)(3):10 USC §130b,(b)(6)

DD-111

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	R.N.	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
28 Jun 06 0730			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 Independe (b)(3):10 USC §130b,(b)(6)) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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		
			(b)(3):10 USC §130b,(b)(6) GITMO D		

(continued on reverse side)

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

REGISTER NO. | WARD NO.

0643 Pm

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD
DATE AND TIME

PROGRESS NOTES
(Sign all entries)

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(1) Sec 1.4.A 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 (60-12(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / __ 12 F enteral feeding tube was

inserted in the __ R / __ L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedur(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding

and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at ____. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse (b)(3):10 USC §130b,(b)(6)

(continue on reverse)

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

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
28JAN06 0730			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 Independe (b)(3):10 USC §130b,(b)(6)) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 (b)(3):10 USC §130b,(b)(6)		
			GITMO I		

(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

MENTRAIN I OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/26/05	Left arm	2317	1617	Left leg	0827	1613
	Right arm	2317	1617	Right leg	2317	1613

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	1, (2), E		1430			2030		
0245			0845	(1), 2, E		1445			2045		
0300			**0900**	1, (2), E		**1500**			**2100**		
0215			0915	(1), 2, E		1515			2115		
0330			0930	1, (2), E		1530			2130		
0345			0945	(1), 2, E		1545			2145		
0400			**1000**	1, 2, (E)		**1600**			**2200**		
0415			1015	(1), 2, E		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			**1100**			**1700**			**2300**		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

502 111

NSN 7540-00-634-4037

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME: START	DATE AND TIME: STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2 Jun 10			Place Detainee in (b)(1) Sec 1.4.A		
0130			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 Independ (b)(3):10 USC §130b,(b)(6) ithin 1 hour of restraints)		
			GITMO		
			INITIATION OF RESTRAINTS -- MEDICAL		
			Reason for Restraint: Medical Necessity fo 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 (b)(3):10 USC §130b,(b)(6)		
			GITMO		

(Continued 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

(STANDARD FORM 502 (REV. 3-91) Prescribed by GSA/ICP FPMR (41 CFR) 201-9.202)

603 am

GTMO JMG 714

MEDICAL RECORD

PROGRESS NOTES
(Sign all entries)

DATE AND TIME	
1/23	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthasia (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)
	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 0917. Detainee had / did not have physical injury from the restraint
	episode Detainee reported the following problems related to the re (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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/25

Limb Restrained:
Left arm
Right arm

Time In: 0817 / 0817
Time Out: 1017 / 1017

Limb Restrained:
Left leg
Right leg

Time In: 0817 / 0817
Time Out: 1017 / 1017

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1 12 K		1415			2015		
0230			0830	1 12 K		1430			2030		
0245			0845	1 12 K		1445			2045		
0300			0900	1 12 K		1500			2100		
0315			0915	1 12 K		1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	1 12 K		1545			2145		
0400			1000	1 12 K		1600			2200		
0415			1015	1 12 K		1615			2215		
0420			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

DD FORM 1731

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
25 Jan 04	04		RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1430			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 P... within 1 hour of restraints)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
29 Jan	04		**INITIATION OF RESTRAINTS – MEDICAL OFFICER NOTE**		
1345			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.		
			GITMO Dr. (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

SM Ed.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 509 (REV. 8-85)
Prescribed by GSA/NCSL, FPMR (41 CFR) 201-9.202

MEDICAL RECORD — PROGRESS NOTES
(Sign all orders)

DATE AND TIME

11/29/06
1315

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

11/29/06
1321

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

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

GITMO Dr. / Nu (b)(3):10 USC

11/29/06
1446

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 1446. Detainee ~~had~~ / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode.

GITMO N (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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/24/06	Left arm	1315	1952	Left leg	1315	1952
	Right arm	1315	1952	Right leg	1315	1952

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1, 12, I, K		1915		
0130			0730			1330	1, 12, I, K		1930		
0145			0745			1345	1, 12, I, K		1945		
0200			0800			1400	1, 12, I, K		2000		
0215			0815			1415	1, 12, I, K		2015		
0230			0830			1430	1, 12, I, K		2030		
0245			0845			1445	1, 12, I, K		2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials	Signature

ASU assignment

(b)(3):10 USC §130b,(b)(6)

(67)

SDS-111

NSN 7540-00-634-4172

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
2 Jan 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			Place Detainee in (b)(1) Sec 1.4.A		
			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 [illegible] IP) within 1 hour of restraints)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL O[illegible]		
			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		
			GITMO Dr. (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 ALM

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 509 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/23/06

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

Detainee placed in (b)(1) Sec 1 4 A 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 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

(b)(3):10 USC §130b,(b)(6)

GITMO Dr.

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 1645. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episod

(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)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Released:	Time In:	Time Out:
11/27/16	Left arm	0847	1045	Left leg	0847	1045
	Right arm	0847	1045	Right leg	0847	1045

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Tangling
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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			2015		
0230			0830			1430			2030		
0245			0845	[illegible]		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0315			0915	1, 12, I, K, P		1515			2115		
0330			0930	1, 12, I, K		1530			2130		
0345			0945	1, 12, I, K		1545			2145		
0400			1000	1, 12, K		1600			2200		
0415			1015	1, 12, K		1615			2215		
0430			1030	1, 12, K		1630			2230		
0445			1045	Released		1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745					

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3): 10 USC §130b, (b)(6)

693 AM

NSN 7540-01-630-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
21 Dec 06 0930			Place Detainee in (b)(1) Sec 1.4.A		
			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 Independen (b)(3):10 USC §130b,(b)(6) ithin 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL		
			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 b (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

0613 DM

DOCTOR'S ORDERS
MEDICAL RECORD

GTMO JMG 723

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/9 1900

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 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)

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 1530. 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)

(continue on re...

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 11/27/06

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	1355	1555	Left leg	1363	1555
Right arm	1355	1555	Right leg	1355	1555

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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~~	1, 12, 7, K		2000		
0215			0815			1415	1, 12, 7, K		2015		
0230			0830			1430	1, 12, 7, K		2030		
0245			0845			1445	1, 12, 7, K		2045		
0300			0900			1500	1, 12, 7, 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			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					

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

693 pm

(b)(3): 10 USC §130b ,(b)(6)

NSN 7540-00-160-5121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
23 Jan 16	0745	4	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 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 restraints)		
	Notified 1215/16 0830		(b)(3):10 USC §130b,(b)(6)	CPT [illegible]	(b)(3):10 USC §130b,(b)(6)
23 Jan 16	0715		**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 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.		
			[illegible]	(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.

623 [illegible]

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-91)
Prescribed by GSA/IOMR, FIRMR (41 CFR) 201-6.202-1

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
1/23/05 0215	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) (b)(3):10 USC §130b,(b)(6)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
1/23/05 0215	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC 10 F / 12 F enteral feeding tube was
	inserted in the R nostril using standard procedure. A sty(b)(3):10 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
1/23/05 1010	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 0/4. Detain(b)(3):10 / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episod(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)

#6493

GTMO JMG 727

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

Date: 1/23/02

Limb Restrained:
Left arm
Right arm

Time In: 2315 2315

Time Out: 1215 1215

Limb Restrained:
Left leg
Right leg

Time In: 2315 2315

Time Out: 1215 1215

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	L, I, 2, K		1415			2015		
0230			0830	L, 12, I, K		1430			2030		
0245			0845	L, 12, I, K		1445			2045		
0300			0900	L, 12, I, K		1500			2100		
0315			0915	L, 12, I, K		1515			2115		
0330			0930	L, 12, I, K		1530			2130		
0345			0945	L, 12, I, K		1545			2145		
0400			1000	L, 12, I, K		1600			2200		
0415			1015	L, 12, I, K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

1/23/02

DATE	STOP	SIGNATURE OF PHYSICIAN	DOCTOR'S SIGNATURE	NURSE'S INITIALS
22 Jan 10		RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0900		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 (b)(3):10 USC §130b,(b)(6) (LIP) within 1 hour of restraints)		
		GITMO Dr.		
		INITIATION OF RESTRAINTS -- MEDICAL O TE		
		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 requ (b)(3):10 USC §130b,(b)(6)		
		GITMO Dr.		

(Continued on reverse side)

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

REGISTER NO. | WARD NO.

0930 pm

DOCTOR'S ORDERS
MEDICAL R

MEDICAL RECORD # DATE AND TIME	(Style Number)
1/22/04 1257	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)
1/22/04 1257	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F /X 12 F enteral feeding tube was
	inserted in the X 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)
1/22/04 1257	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at ____. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episode:
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)

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

RESTRAINT/OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 11/22/04

Limb Restrained:
Left arm:
Right arm:

Time In:
0557
0557

Time Out:
1955
1955

Limb Restrained:
Left leg
Right leg

Time In:
0557
0557

Time Out:
1955
1955

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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	L,12,I,K	(b)(3):10 USC §130b, (b)(6)	1900		
0115			0715			1315	L,12,I,K		1915		
0130			0730			1330	L,12,I,K		1930		
0145			0745			1345	L,12,I,K		1945		
0200			0800			1400	L,12,I,K		2000		
0215			0815			1415	L,12,I,K		2015		
0230			0830			1430	L,12,I,K		2030		
0245			0845			1445	L,12,I,K		2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

108-111

NSN 7540-00-634-4111

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
24 Jan 12			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
	1200		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 -- M[illegible]		
			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)		

(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

6 F 3 2 M

[illegible]

GTMO JMG 732

RESTRAINT OBSERVATION SHEET

U. S. Naval Hospital Guantanamo Bay, Cuba

Date	Limb Restrained:	Time In	Time Out	Limb Restrained:	Time In	Time Out
[redacted]	Left arm	[redacted]	[redacted]	Left leg	[redacted]	[redacted]
	Right arm	[redacted]	[redacted]	Right leg	[redacted]	[redacted]

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	[redacted]		1900		
0115			0715			1315	[redacted]		1915		
0130			0730			1330	[redacted]		1930		
0145			0745			1345	[redacted]		1945		
0200			0800			1400	[redacted]		2000		
0215			0815			[illegible]	[redacted]		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)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

[redacted]

GTMO JMG 733

MEDICAL RECORD DATE AND TIME	
1/11/20 0715	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) (b)(3):10 USC §130b,(b)(6)
	GITMO Nurse
1/12/20 0748	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(Fr X12 F enteral feeding tube was
	inserted in the R (b)(3): 10 USC nostril using standard procedure. A sty (b)(3):10 USC 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)
	GITMO Dr. / Nurse
1/12/20 0945	**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 0945 Detai (b)(3):10 USC §130b,(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

(continued on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME last, first, middle, grade, rank; internee number or social security number)

ISN 873

DATE AND TIME | R/L | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

Refer to 0730

0900

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)

Note: Refer to 0730

(b)(3):10 USC §130b,(b)(6)

GITMO Dr.

(b)(3):10 USC §130b,(b)(6)

INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE

Reason for Restraint: Medical Necessity for Feeding

Despite being advised that hunger striking is detrimental to his health, the detainee refuses to eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There is no evidence that medications or a medical process is causing this detainee's refusal to eat. Detainee does not have any medical condition/disability that would place him at greater risk during feeding using medical restraints. Detainee will be observed continually while in medical restraints. 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.

GITMO Dr.

(b)(3):10 USC §130b,(b)(6)

(DOCTOR'S OR NURSE'S SIGNATURE)

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

REGISTER NO. | WARD NO.

Qm

0930

DOCTOR'S ORDERS
MEDICAL RE

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/22/06	Left arm	0745	0945	Left leg	0745	0945
	Right arm	0745	0945	Right leg	0745	0945

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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						1330			1930		
0145						1345			1945		
0200			**0800**	L,12,I,K		1400			**2000**		
0215			0815	L,12,I,K,P		1415			2015		
0230			0830	L,12,I,K		1430			2030		
0245			0845	L,12,I,K		1445			2045		
0300			**0900**	L,12,I,K		**1500**			**2100**		
0315			0915	L,12,I,K		1515			2115		
0330			0930	L,12,I,K		1530			2130		
0345			0945	L,12,I,K		1545			2145		
0400			1000			**1600**			**2200**		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			**1100**			**1700**			**2300**		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b ,(b)(6)

Signature	Initials	Signature	Initials	Signature	Initials

#693

SAS-11

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
21 Jan 06	07-08		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)		
			GITM (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)		

(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.

6 & 3 Am

PREVIOUS EDITION OF THIS FORM IS OBSOLETE
Prescribed by OPNAVINST 6150.1B (Rev. 1-94) and BUMEDINST 6150.1B

MEDICAL RECORD

PROGRESS NOTES
(Sign all entries)

DATE AND TIME

1/24
0915

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 (b)(3):10 USC §130b,(b)(6)

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 co

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 1025 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)

(Continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/24

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	0815	1015	Left leg	0815	1015
Right arm	0815	1015	Right leg	0815	1015

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1, 12 K		1415			2015		
0230			0830	1 12 K		1430			2030		
0245			0845	1 12 K		1445			2045		
0300			0900	1 12 K		1500			2100		
0315			0915	1 12 K		1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	1 12 K		1545			2145		
0400			1000	1 12 K		1600			2200		
0415			1015	1 12 K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME					
START	STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
23 Apr 16	1315		**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 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 restraints)		
				(b)(3):10 USC §130b,(b)(6)	
23 Apr 16	1315		**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 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)	

(CONTINUED 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.

6 y/o Iman

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/29/03	Left arm	1300	1320	Left leg	1300	1515
	Right arm	1300	1320	Right leg	1300	1515

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Jangling
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,E,K		1915		
0130			0730			1330	1,12,E,K		1930		
0145			0745			1345	1,12,E,K		1945		
0200			0800			1400	1,12,E,K		2000		
0215			0815			1415	1,12,E,K		2015		
0230			0830			1430	1,12,E,K		2030		
0245			0845			1445	1,12,E,K		2045		
0300			0900			1500	1,12,E,K		2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

Additional pages

(b)(3):10 USC §130b,(b)(6)

PATIENT'S INITIALS		DATE/TIME	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
19	20 Jun 06		RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
	0730		Place Detainee in (b)(1) Sec		
			Reason For Restraint: Medical Necessity for Feeding		
DR			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)		
NOTE:			(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)		

(Date and time of restraint application)

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 ISN

DOCTOR'S ORDERS
MEDICAL RE

GTMO JMG 742

MEDICAL RECORD

DATE AND TIME

Victim
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 minut (b)(3):10 USC §130b,(b)(6)

GITMO Nurse

Victim
1918

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

inserted in the R (b)(3): 10 USC nostril using standard procedure. A st (b)(3):10 USC §130b,(b) 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)

GITMO Dr. / Nurse

Victim 1215

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. Detaine (b)(3): 10 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

(see reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME (last, first, middle initial), and internment serial number)

#693

DATE AND TIME | DOCTOR'S ORDERS | NURSE'S SIGNATURE | SIGNATURE

17 | 12 Jun 06 | RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING

0225 | Place Detainee in (b)(1) Sec

Reason For Restraint: Medical Necessity for Feeding

Do Not Use | 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)

NSDO:

(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)

(DO NOT fill in OR leave out today)

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

REGISTER NO. | WARD NO.

6 2 3

DOCTOR'S ORDERS
MEDICAL R

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

DATE	TIME	INITIAL	DOCTOR'S ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
17 Jan 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1412Z			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)		

(DO NOT use abbreviations.)

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

REGISTER NO. | WARD NO.

5 2 3

DOCTOR'S ORDERS
MEDICAL R

GTMO JMG 746

MEDICAL PERSONNEL
DATE AND TIME

1 Jun 06

1630

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 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)

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 [illegible]. 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 (IF OR TYPED OR WRITTEN ENTRIES GIVE NAME (last, first,

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b, (b)(6)

NSN 7540-01-152-8064

MEDICAL RECORD — DOCTORS ORDERS (Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTORS SIGNATURE	NURSE'S SIGNATURE
16	Jan	16	**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
	1310		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 restraints)		
Nov 2006			(b)(3):10 USC §130b,(b)(6)		
16	Jan	16	**INITIATION OF RESTRAINTS – MEDICAL OFFICER NOTE**		
	1315		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 Lm

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 558 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

GTMO JMG 749

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
4/6/06 @ 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)
4/6/06 @ 1500	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
	Indication: Malnutrition; hunger strike
	Under local anesth viscous lidocaine, 2% (b)(3):10 USC §130b,(b) 12 F enteral feeding tube was
	inserted in the R nostril using standard procedure. A sty (b)(3):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 1651 Detainee had / did not have physical (b)(3):10 USC §130b,(b)(6)
	episode. Detainee reported the following problems related to the restra

(continue on reverse side)

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

4/6/06 1693

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
4 Jul 08	Left arm	1500	1651	Left leg	1532	1651
	Right arm	1523	1651	Right leg	1532	1651

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	V		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	V	
0245			0845			1445			2045		
0300			0900			1500	V I K		2100		
0315			0915			1515	V I K		2115		
0330			0930			1530	V I K		2130		
0345			0945			1545	V I K		2145		
0400			1000			1600	V I K		2200		
0415			1015			1615	V I K		2215		
0430			1030			1630	V I K		2230		
0445			1045			1645	V I K		2245		
0500			1100			1700	Released		2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745					

(b)(3): 10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

Witnessed by

GTMO JMG 751

DATE AND TIME START	DATE AND TIME STOP	RN	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
26 Jan 06 @ 1915			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec 1.4.A		
			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)		
			GITMO Dr. (b)(3): 10		
26 Jan 06 @ 2115			**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.		
			GITMO Dr. (b)(3):10 USC		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

6 2 3 Alien

DOCTOR'S ORDERS MEDICAL R

PATIENT'S IDENTIFICATION

1124/06

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 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)

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 1240. 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)

(for time of release only)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME- last, first, middle; guard, rank, no.; hospital or medical facility)

GTMO JMG 753

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/29/06	Left arm:	0730	0740	Left leg	1030	1040
	Right arm:	0730	0740	Right leg	1030	1040

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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			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					
0545			1145			1745					

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

693 MM

GTMO JMG 754

17 Jun 06 0716

RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING

Place Detainee in (b)(1) Sec 1.4.A

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)

GITMO Dr. (b)(3):10 USC

17 Jun 06 0716

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.

GITMO Dr. (b)(3):10 USC

MULTIPLE ENTRIES ON (FOR TYPED OR HANDWRITTEN ENTRIES ONE NAME PER LINE)

REGISTERED NURSE

693 4

11/11/06

Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity

Detainee was advised by the Medical Staff that hunger strking 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 enteral feeding tube was

inserted in the R / L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding

and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at PM. 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

GITMO Nurse

DETAINEE OBSERVATION SHEET

Under Direct Observation: Yes / No — Start Date: 1/19/06 — Start Time: 1200 — End Date: 1/21/06 — End Time: 1200

Observation Status (select the appropriate codes and initial each entry):

1. Level 1 (Close)
2. Level 2 (Periodic)
3. Level 3 (Standard)
4. Sleeping
5. Eating
6. Changing
7. Bathing
8. Shaving
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Other
14. Quiet
15. Sleeping
16. Requesting release
17. Harmful to self
18. Threatening staff
19. Aggressive
20. Shouting
21. Nonresponsive
22. Disrobing
23. Uncooperative
24. Other (See Notes) (SF 900)

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. Psych interaction
P. VS (q 4 hr)*
Q. Other (See Notes) (SF 900)

*Minimal Time Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200	[illegible]	X	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	[illegible]		1600			2200		
0415			1015	[illegible]		1615			2215		
0430			1030	[illegible]		1630			2230		
0445			1045	[illegible]		1645			2245		
0500			1100	[illegible]		1700			2300		
0515			1115	[illegible]		1715			2315		
0530			1130	[illegible]		1730					
0545			1145	[illegible]		1745					

Signature | Initials | Signature | Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10

GTMO JMG 757

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTORS SIGNATURE	NURSES INITIALS
21 Jun 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		(b)(3):10 USC §130b,(b)(6)
	1310		Place Detainee in (b)(1) Sec 1.4.A		
			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 restr		
			GITMO Dr. (b)(3) :10		
21 Jun 06			INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE		
	1315		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.		
			GITMO Dr. (b)(3): 10		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(Continued on reverse side)

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

REGISTER NO. | WARD NO.

6 Jun 07

DOCTOR'S ORDERS
MEDICAL R.

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)

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 us

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 [illegible] Detainee had / did not have physical injury from episode. Detainee reported the following problems related to the restraint episod

GITMO Nurse

(b)(3):10 USC §130b,(b)(6)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/2/04	Left arm	1727	1734	Left leg	1727	1734
	Right arm	1737	1224	Right leg	1737	1224

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Cursing
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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						1400			2000		
0215						1415			2015		
0230						1430			2030		
0245						1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530	I, L, E, K		2130		
0345			0945			1545	I, L, E, K		2145		
0400			1000			1600	I, L, E, K		2200		
0415			1015			1615	I, L, E, K		2215		
0430			1030			1630	I, L, E, K		2230		
0445			1045			1645	I, L, E, K		2245		
0500			1100			1700	I, L, E, K		2300		
0515			1115			1715	I, L, E, K		2315		
0530			1130			1730	I, K, E, F		2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

693

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTORS SIGNATURE	NURSES SIGNATURE
21 Jun 06	0718		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)		
			Navy Physician (b)(3): GITMO Dr. (b)(3):10 USC		
21 Jun 06	0718		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.		
			GITMO Dr. (b)(3):10 USC		

(continued 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.

L 3 3 [illegible]

DOCTOR'S ORDERS
MEDICAL R[illegible]

GTMO JMG 761

MEDICAL DOCUMENTATION DATE AND TIME	
6/6/06 C 1815	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). (b)(3):10 USC
	GITMO Nurse
6/6/06 C1045	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 X 12 F enteral feeding tube was
	inserted in the X R (b)(3):10 nostril using standard procedure. A stylet was / was not used.
	Patient tolerated the procedure well. Placement in stomach was confirmed by
	insuffiation and test dose of water. Successful procedure without complications. (b)(3):10 USC
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at [redacted]. 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

(include name prefix (title) or suffix (rank or medical specialty)

RESTRAINT/OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time On:	Time Off:	Limb Restrained:	Time On:	Time Off:
12/8/06	Left arm	1045	1245	Left leg	1045	1245
	Right arm	1045	1245	Right leg	1045	1245

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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	1, 12 K		1800		
0015			0615			1215	1, 12 K		1815		
0030			0630			1230	1, 12 K		1830		
0045			0645			1245	1, 12 K		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	1, 12, I, K		1645			2245		
0500			1100	1, 12, I, K, L		1700			2300		
0515			1115	1, 12, I, K		1715			2315		
0530			1130	1, 12, I, K		1730			2330		
0545			1145	1, 12, K		1745					

Signature	Initials	Signature

(b)(3):10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

#603

DATE AND TIME START	DATE AND TIME STOP	INIT	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
26 Jan 05			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
	1315		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)		
			GITMO Dr. (b)(3):1 0 USC		
26 Jan 05			INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE		
	1315		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.		
			GITMO Dr. (b)(3):10 USC		

(CONTINUED ON REVERSE SIDE)

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

REGISTER NO. | WARD NO.

6 P 3 Feb

DOCTOR'S ORDERS
MEDICAL R

GTMO JMG 764

DATE AND TIME	
10 Jun 06	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
	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
	insuffiation and test dose of water. Successful procedure without complications.
	GITMO Dr. / Nurse (b)(3):10 USC
	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 1925 Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restrain (b)(3):10 USC §130b,(b)(6
	GITMO Nurse

(continued on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
11/30/06	Left arm	1236	1936	Left leg	1236	1936
	Right arm	1236	1936	Right leg	1236	1936

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

1. Loss of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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
0000			0600			1200			1800	J, L, K
0015			0615			1215			1815	J, L, K
0030			0630			1230			1830	J, L, K
0045			0645			1245			1845	J, L, K
0100			0700			1300			1900	J, L, K
0115			0715			1315			1915	J, L, K
0130			0730			1330			1930	J, L, K
0145			0745			1345			1936	J, L, K
0200			0800			1400			2000	
0215			0815			1415			2015	
0230			0830			1430			2030	
0245			0845			1445			2045	
0300			0900			1500			2100	
0315			0915			1515			2115	
0330			0930			1530			2130	
0345			0945			1545			2145	
0400			1000			1600			2200	
0415			1015			1615			2215	
0430			1030			1630			2230	
0445			1045			1645			2245	
0500			1100			1700			2300	
0515			1115			1715			2315	
0530			1130			1730			2330	
0545			1145			1745			2345	

(b)(3):10 USC §130b, (b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

6:45 PM

19 Jan 06
1329

RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING

Place Detainee in (b)(1) Sec 1.4.A

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)

GITMO Dr. (b)(3):10 USC

19 Jan 06
1329

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.

GITMO Dr. (b)(3):10 USC

DETAINEE ID | STATION (FOR TRACKING PURPOSES ONLY) | PRINTED NAME (Last, First, Middle) | REGISTER NO | WORK UNIT

GTMO JMG 767

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 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. Successfu

(b)(3):10 USC §130b,(b)(6)

GITMO Dr

DISCONTINUATION OF RESTRAINTS NOTE

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 N/A. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episo

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PARENTHETICAL INFORMATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME (last, first

SECURE MEDICAL RECORD

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

1. Eating/drinking
2. Sleeping or resting quietly
3. Awake/moving about quietly
4. Cursing
5. Laughing
6. Crying
7. Talking
8. Mumbling incoherently
9. Shouting
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Cursing
20. Noncompliant with rules
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 8 hr)*
J. RGM (q 2 hr)*
K. RN observation (q 2 hr)*
L. Psychiatric Visit
M. Bathe/shower (ad)*
N. Bathe/shower refused
O. Pastoff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Medical Hold Requirements

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code
0000			0600			1200			1800	4/12 E
0015			0615			1215			1815	4/12 E
0030			0630			1230			1830	
0045			0645			1245			1845	
0100			0700			1300			1900	
0115			0715			1315			1915	
0130			0730			1330			1930	
0145			0745			1345			1945	
0200			0800			1400			2000	
0215			0815			1415			2015	
0230			0830			1430			2030	
0245			0845			1445			2045	
0300			0900			1500			2100	
0315			0915			1515			2115	
0330			0930			1530			2130	
0345			0945			1545			2145	
0400			1000			1600			2200	
0415			1015			1615			2215	
0430			1030			1630			2230	
0445			1045			1645			2245	
0500			1100			1700			2300	
0515			1115			1715			2315	
0530			1130			1730			2330	
0545			1145			1745			2345	

Name & Rank	Initials	Signature
[illegible]		
[illegible]		
[illegible]		
[illegible]		
[illegible]		
[illegible]		

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 769

18 Jan 06
1315

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

GITMO Dr (b)(3):10 USC

18 Jan 06
1315

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.

GITMO Dr (b)(3):10 USC

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

REGISTER NO. WARD NO.

6 2 3 Col

(b)(3):10 USC §130b,(b)(6)

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 rem

restraints until feed and post feed observation (60-120

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / ✓ 12 F enteral feeding tube was

inserted in the ✓ R / __ L nostril using standard procedure. Acstylet was / was not used.

(b)(3):

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 D / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding

and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at 1145. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint e

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

693

Living Pattern Observation Sheet

Living Pattern Observation: Record the appropriate codes and initial each entry.

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code
0000			0600			1200			1800	L, I, E, K
0015			0615			1215			1815	L, I, E, K
0030			0630			1230			1830	L, I, E, K
0045			0645			1245			1845	L, I, E, K
0100			0700			1300			1900	L, I, E, K
0115			0715			1315			1915	L, I, E, K
0130			0730			1330			1930	L, I, E, K
0145			0745			1345			1945	
0200			0800			1400			2000	
0215						1415			2015	
0230						1430			2030	
0245						1445			2045	
0300						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	L, I, E, K		2330	
0545			1145			1745	L, I, E, K		2345	

Signature | Initials | Hawaiian | Initials

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

A. Meal offered
B. Meal refused
C. Fluids offered (q 1 hr)*
D. Fluids refused
E. Toilet offered (q 2 hr)*
F. Toilet refused
G. Medication accepted
H. Medication refused
I. Circulation checks (q 8 hr)*
J. ROM (q 2 hr)*
K. BN 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 502)

Minimal Time Requirements

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

18 Jan 06
0910

RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY (1 HOUR 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)

NOTED: 18 Jan 06 0132 — GITMO Dr. (b)(3):10 USC

18 Jan 06
0910

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.

GITMO Dr. (b)(3):10 USC

[illegible] ENTRIES ONLY [illegible] REGISTER NO. WARD NO.

623 JMG

1/18/06
C1238

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). (b)(3):10 USC

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

1/18/06 C1238 Indication: Malnutrition; hunger strike

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

inserted in the (b)(3) :10 nostril using standard procedure. A sty (b)(3): 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

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding

and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at 1430 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

#693

OBSERVATION SHEET

Date: 1/15/06

Vital Parameters	Time (1)	Time (2)	Vital Parameters	Time (1)	Time (2)
B/P (sys)	1230	1430	Left leg	1230	1430
Right arm	1230	1430	Right leg	1230	1430

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

1. Sleeping
2. Resting quietly/Sitting quietly
3. Talking to another
4. Crying
5. Laughing
6. Eating
7. Drinking
8. Shambling (e.g. Parkinson's)
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting toiletry
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Nonsense/unreactive
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
24. Other: See Notes (30-39)

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

A. Meal offered
B. Meal refused
C. Fluids offered (q 1 hr)*
D. Fluids refused
E. Toilet offered (q 2 hr)*
F. Toilet refused
G. Medications accepted
H. Medication refused
I. Circulation checks (q ½ hr)*
J. ROM (q 2 hr)*
K. SCN 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 (30-39)

*Medical Plan Requirements

Date	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200	E,O		1800		
0015			0615			1215			1815		
0030			0630			1230	I, J, K		1830		
0045			0645			1245	I, J, K		1845		
0100			0700			1300	I, J, K		1900		
0115			0715			1315	I, J, K		1915		
0130			0730			1330	I, J, K		1930		
0145			0745			1345	I, J, K		1945		
0200			0800			1400	I, J, K		2000		
0215			0815			1415	I, J, K		2015		
0230			0830			1430	I, J, K		2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

#603

MEDICAL RECORD DATE AND TIME START	STOP	RX	DOCTOR'S ORDERS (Sign all orders) DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
29 Jun 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
0730			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 (b)(3):10 USC §130b (b)( ) within 1 hour of restraints)		
			GITMO Dr.		
			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 r (b)(3):10 USC §130b,(b)		
			GITMO Dr		

(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.

1643 PM

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
1/24/14 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 (b)(3):10 USC §130b,(b)(6)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
1/24/14 1330	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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 procedur (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
1/24/14 1530	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 1530. 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)

(continue on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
12/8/04	L Right arm	1336	1536	Left leg	1330	1526
	Right arm	1336	1536	Right leg	1336	1526

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

1. Loss of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Cursing
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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	b12 Ek	(b)(3):10 USC §130b,(b)(6)	1930		
0145			0745			1345	b12 Ek		1945		
0200			0800			1400	b12 Ek		2000		
0215			0815			1415	b12 Ek		2015		
0230			0830			1430	b12 Ek		2030		
0245			0845			1445	b12 Ek		2045		
0300			0900			1500	b12 Ek		2100		
0315			0915			1515	b12 Ek		2115		
0330			0930			1530	b12 Ek		2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

693

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
26 Jun 06			Place Detainee in (b)(1) Sec		
0730			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 Pr within 1 hour of restraints)		
			(b)(3) GITMO Dr (b)(3):10 USC		
26 JUN 06			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
0745			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 req (b)(3):10 USC §130b.(b		
			GITMO Dr.		

(continued on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

1623 26 Jun

GTMO JMG 779

MEDICAL RECORD — PROGRESS NOTES
(Sign all orders)

DATE AND TIME

12/6/06 2030

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE

Detainee placed in (b)(1) Sec 1.4.A 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

GITMO Nurse

12/6/06 2030

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), (b)(3):1 F / ~~12~~ F enteral feeding tube was inserted in the ~~R~~ / L nostril using standard procedure. A stylet (b) 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. (b)(3):10 USC

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

12/6/06 1025

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 1025. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode: (b)(3) (b)(3):10 USC

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)

#103

PROGRESS NOTES
Medical Record

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/24/06	Left arm	0230	1325	Left leg	0230	1325
	Right arm	0230	1325	Right leg	0230	1325

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

#693

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
		1	RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
25 Jun 06		1	Place Detainee in (b)(1) Sec 1 4 A		
0730			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 Independer (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)		
NOTE: Use for OIF			(b)(3):10 GITMO Dr		
			INITIATION OF RESTRAINTS -- MEDICAL [illegible]		
			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 lon (b)(3):10 USC §130b,(b)(6)		
			GI		

(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.

0930 pm

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/26/16

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 min

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / ~~12 F~~ enteral feeding tube was

inserted in the R / L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr / Nurse

(b)(3):10 USC

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLE

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 1126. 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

(Continued on reverse side)

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

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
10-1-06	Left arm	1631	1526	Left leg	1531	1728
	Right arm	1631	1726	Right leg	1531	1726

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1,12,I,K		1930		
0145			0745			1345	1,12,I,K		1945		
0200			0800			1400	1,12,I,K		2000		
0215			0815			1415	1,12,I,K		2015		
0230			0830			1430	1,12,I,K		2030		
0245			0845			1445	1,12,I,K		2045		
0300			0900			1500	1,12,I,K		2100		
0315			0915			1515	1,12,I,K		2115		
0330			0930			1530	1,12,I,K		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					
0545			1145			1745					

(b)(3):10 USC §130b,(b)(6)

Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693 pm

506-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
25 Jan 06			Place Detainee in (b)(1) Sec 1.4.A		
0730			Reason For Restraint: Medical Necessity for Feeding		
			Medical Restrainis 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 Independe (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			GITMO D		
			INITIATION OF RESTRAINTS -- MEDICAL E		
			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		
			GITMO D (b)(3):10 USC §130b,(b)(6)		
			Dated		

(continue on reverse side)

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

(b)(3):10 USC §130b,(b)(6)

REGISTER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

1693-010

GTMO JMG 785

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/25/06 @ 0815

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

(b)(3):10 USC §130b,(b)(6)

restraints until feed and post feed observation (60-120 minu

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

Patient tolerated the procedure well. Placement in stomach was confirmed

(b)(3):10 USC §130b,(b)(6)

insufflation and test dose of water. Successful procedure without complicati

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at (b)(1). Detainee had / did not have physi straint episode. Detainee reported the following probiems related to the re

(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; unit; hospital or medical facility)

PROGRESS NOTES
Medical Record

693

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/27/02	Left arm	0815	1015	Left leg	0815	1015
	Right arm	0815	1015	Right leg	0815	1015

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling inconsistently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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	1, 12, I, K		1415			2015		
0230			0830	1, 12, I, K		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, 12, I, K		1500			2100		
0315			0915	1, 12, I, K		1515			2115		
0330			0930	1, 12, I, K		1530			2130		
0345			0945	1, 12, I, K		1545			2145		
0400			1000	1, 12, I, K		1600			2200		
0415			1015	1, 12, I, K		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
30 Jan 06			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1315			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 Pra (b)(3):10 USC §130b,(b) within 1 hour of restraints)		
			GITMO Dr.		
30 Jan 06			INITIATION OF RESTRAINTS – MEDICAL OFFIC		
1315			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 requ (b)(3):10 USC		
			GITMO Dr.		

(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

G93

8pm Feed

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/24/04	Left arm	1325	1525	Left leg	1325	1525
	Right arm	1325	1525	Right leg	1325	1525

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 1 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	L/2 EK		1930		
0145			0745			1345	L/2 EK		1945		
0200			0800			1400	L/2 EK		2000		
0215			0815			1415	L/2 EK		2015		
0230			0830			1430	L/2 EK		2030		
0245			0845			1445	L/2 EK		2045		
0300			0900			1500	L/2 EK		2100		
0315			0915			1515	L/2 EK		2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

193

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
4/30/06			Place Detainee in (b)(1) Sec		
1400			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 Independer (b)(3):10 USC §130b,(b)(6) ints)		
			GITMO Dr		
4/30/06			**INITIATION OF RESTRAINTS -- MEDICAL C**		
1400			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.		
			GITMO Dr. (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

6 & 2

STANDARD FORM 508 (REV. 3-48)
Prescribed by GSA/OMR FPMR (41 CFR) 101-11.3

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE
1/20/15	Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity
@ 1430	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)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
1/20/15	Indication: Malnutrition; hunger strike
@ 1430	Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was
	inserted in the X 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.
1/20/15	GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)
1630	**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 1630. 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)

(continue on reverse)

GTMO JMG 791

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date	Limb Restrained	Time In:	Time Out:	Limb Restrained	Time In:	Time Out:
1/24/04	Left arm	1430	1630	Left leg	1430	1630
	Right arm	1430	1630	Right leg	1430	1630

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

1. Line of sight
2. Banging or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. 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			2015		
0230			0830			1430	I,J,K	(b)(3):10 USC §130b,(b)(6)	2030		
0245			0845			1445	I,J,K		2045		
0300			0900			1500	I,J,K		2100		
0315			0915			1515	I,J,K		2115		
0330			0930			1530	I,J,K		2130		
0345			0945			1545	I,J,K		2145		
0400			1000			1600	I,J,K		2200		
0415			1015			1615	I,J,K		2215		
0430			1030			1630	I,J,K		2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

Signature	Initials	Signature	Initials	Signature	Initials

(b)(3)

SCB-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
30 Jan 08 0800			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
			Place Detainee in (b)(1) Sec 1.4.A		
			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)		
			GITMO Dr.		
30 Jan 08 0800			**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.		
			GITMO Dr.		

(continued on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

GTMO JMG 793

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

1/30/03 0345

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 (60-12((b)(3):10 USC §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was

inserted in the R / L nostril using standard procedure. A stylet was / was not used.

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

insufflation and test dose of water. Successful procedure without complications.

GITMO Dr. / Nurse (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 1648. Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related

GITMO Nurse (b)(3):10 USC §130b,(b)(6)

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
1/20	Left arm	0248	1048	Left leg	0248	1048
	Right arm	0248	1048	Right leg	0248	1048

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830			1430			2030		
0245			0845	1 12 K		1445			2045		
0300			**0900**	1 12 K		**1500**			**2100**		
0315			0915	1 12 K		1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	1 12 K		1545			2145		
0400			**1000**	1 12 K		**1600**			**2200**		
0415			1015	1 12 K		1615			2215		
0430			1030	1 12 K		1630			2230		
0445			1045	1 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)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

508-111 NSN 7540-00-634-4121

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3, 10			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 Independer (b)(3): er (LIP) within 1 hour of restraints)		
			GITMO Dr 10		
3, 10			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 rec (b)(3):1 0 USC		
			GITMO Dr. §130b,(		

(continue on reverse side)

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

REGISTER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

G-13

GTMO JMG 796

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

4/3/06

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 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)

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 1052 Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(continue on reverse side)

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

PROGRESS NOTES
Medical Record

GTMO JMG 797

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/31/06

Limb Restrained:
Left arm
Right arm

Time In: 2324 / 0629

Time Out: 1022 / 1022

Limb Restrained:
Left leg
Right leg

Time In: 2325 / 2326

Time Out: 1022 / 1022

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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			2015		
0230			0830	MEALS(W)		1430			2030		
0245			0845	1, 12, I, K		1445			2045		
0300			0900	1, K, I, K		1500			2100		
0315			0915	1, 12, I, K		1515			2115		
0330			0930	1, 12, K		1530			2130		
0345			0945	1, 12, K		1545			2145		
0400			1000	1, 12, K		1600			2200		
0415			1015	1, 12, K		1615			2215		
0430			1030	VS TAKEN		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745					

Signature	Initials	Signature

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

93

GTMO JMG 798

SOP 111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
05 Aug 06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
			Place Detainee in (b)(1) Sec 1.4.A		
			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 Indepe (b)(3):10 USC §130b,(b)(6) r of restraints)		
			GITM		
05 Aug 06			**INITIATION OF RESTRAINTS -- MEDIC**		
			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 long (b)(3):10 USC §130b,(b)(6)		
			GIT		

(continue on reverse side)

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 509 (REV. 1-91)
Prescribed by GSA/ISOO/IR 32 CFR 2001.6(b)(2)

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

2/5/06

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 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)

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEE[illegible]

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 0730. 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)

(continue on reve

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

GTMO JMG 800

RESTRAINT OBSERVATION SHEET

2/5/06	Left Arm	0745	0950	Left Leg	2155	2350
	Right Arm	0745	0950	Right Leg	0155	0350

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

1. Loss of sight
2. Breaking or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Arguing about
16. Harmful to self
17. Threatening self
18. Assaultive
19. Crawling
20. Nonconcurrent time
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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. Pastoff 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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900			1500			2100		
0315			0915			1515			2115		
0330			0930			1530			2130		
0345			0945			1545			2145		
0400			1000			1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Staff Name	Initials	Signature

693

508-111

NSN 7540-00-634-4121

MEDICAL RECORD — DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
03 FEB	06		**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
1400			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 Independen(b)(3): her (LIP) within 1 hour of restraints)		
			GITMO Dr 10		
03 FEB	06		**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
1400			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.		
			GITMO Dr. (b)(3):10 USC		

(continued 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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 509 (REV. 3-94)
Prescribed by GSA/ICMR, 41 CFR 101-11.4, AUG 1994 EDITION

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all entries)
	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)
	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 wi (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1405. 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)

(continue on reverse side)

RESTRAINT OBSERVATION SHEET

2 Feb 06

Start Time: Left arm 1905 / Right arm 1905

Stop Time: Left leg 1905 / Right leg 1905

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

1. Loss of sight
2. Hearing of locking doors
3. Walking or verbalizing
4. Cursing
5. Crying
6. Yelling
7. Pulling
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening self
18. Assaultive
19. Vomiting
20. Nonverbal unresponsive
21. Destructive behavior
22. Disturbing
23. Exhausting defecation, urine, food
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. 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	1 12 K		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)

Supervisor Initials

(b)(3):10 USC §130b,(b)(6)

Witness Initials

GTMO JMG 804

508-111

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
3 FEB 06			**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0730			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)		
			GITMO Dr. (b)(3): 10		
3 FEB 06			**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
0730			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.		
			GITMO Dr. (b)(3): 10		

(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

673

Ann Fed

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME

3 Feb 06

0702

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 Nurs (b)(3):10 USC §130b,(b)(6)

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 cor (b)(3):10 USC

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding

and was released from restraints and returned to his cell in good condition. Detainee was

released from restraints at 1103 Detainee had / did not have physical injury from the restraint

episode. Detainee reported the following problems related to the res (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)

PRISONER OBSERVATION SHEET

Detainee Name: [redacted]
ISN: [redacted]
Block/Pod: [redacted]
Cell/Room #: [redacted]
Date: [redacted]

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

1. Loss of sight
2. Beating of fists/window/door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Muttering incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Reporting voices
16. Harmful to self
17. Threatening self
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destruction/Disturbance
22. Disrobing
23. Urinating/defecating on floor
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 (ed)*
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			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900	1 12 K		1500			2100		
0315			0915	1 12 K		1515			2115		
0330			0930	1 12 K		1530			2130		
0345			0945	1 12 K		1545			2145		
0400			1000	1 12 K		1600			2200		
0415			1015	1 12 K		1615			2215		
0430			1030	1 12 K		1630			2230		
0445			1045	1 12 K		1645			2245		
0500			1100	1 12 K		1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Signature: [redacted] Initials: [redacted]

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
04 FEB	06		**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0500			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)		
			GITMO Dr. (b)(3):10 USC		
04 FEB	06		**INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE**		
0530			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.		
			GITMO Dr. (b)(3):10 USC		

(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

G93

STANDARD FORM 508 (REV. 9-84)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-9.202-1

GTMO JMG 808

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
4 Feb 08	
	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 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 w (b)(3):10 USC §130b,(b)(6)
	GITMO Dr. / Nurse
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1645. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint episo (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)

RESTRAINT OBSERVATION SHEET

2/4/06	Restraints: Extremities	0815	1015	Restraints: Left leg	0815	1015	
	Right arm	0815	1015	Right leg	0815	1015	

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

1. Loss of sight
2. Kicking or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Muttering inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Eating
13. Quiet
14. Sleeping
15. Reporting abuse
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Chewing
20. Noncompliance
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
24. Other: See Notes (SF 600)

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. Bathe/shower (ed)*
N. Bathe/shower refused
O. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 600)

*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	1, 12, 7, K		1415			2015		
0230			0830	1, 12, 7, K		1430			2030		
0245			0845	1, 12, 7, K		1445			2045		
0300			0900	1, 12, 7, K		1500			2100		
0315			0915	1, 12, 7, K		1515			2115		
0330			0930	1, 12, K		1530			2130		
0345			0945	1, 12, K		1545			2145		
0400			1000	1, 12, K		1600			2200		
0415			1015	Removed		1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730					
0545			1145			1745					

(b)(3):10 USC §130b,(b)(6)

Signature | Initials | Comments

(b)(3): 10 USC §130b, (b)(6)

GTMO JMG 810

508 - 1

NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME START	DATE AND TIME STOP	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
10 FEB	06		**RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING**		
0300			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 Indeper (b)(3):10 USC §130b,(b)(6)) within 1 hour of restraints)		
			GITM		
10 FEB	06		**INITIATION OF RESTRAINTS -- MEDIC**		
0300			Reason for Restraint: Medical Necessity		
			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 (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.

DOCTORS ORDERS
MEDICAL RECORD

631 *JM

DD FORM 508 (REV. 1 84)
Previous editions obsolete NSN 7540-00-634-4121 508-101

GTMO JMG 811

MEDICAL RECORD

PROGRESS NOTES
(Sign all orders)

DATE AND TIME	
2/1/06	
0815	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)
2/1/06	**PROCEDURE NOTE: INSERTION OF FEEDING TUBE**
0815	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)
2/1/06	**DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE**
0900	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding
1050	and was released from restraints and returned to his cell in good condition. Detainee was
	released from restraints at 1050. Detainee had / did not have physical injury from the restraint
	episode. Detainee reported the following problem[illegible] episode.
	GITMO Nurse (b)(3):10 USC §130b,(b)(6)

(continue on reverse)

(69)

PESTRMNT OBSERV TION SHEET

[illegible] Observation By: Cpl

[illegible] Left arm [illegible] [illegible] Restraints: Left leg [illegible] Restraint [illegible]
Right arm [illegible] [illegible] Right leg [illegible] [illegible]

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

1. Loss of sight
2. Beating of head/body/door
3. Yelling or cursing
4. Crying
5. Urping
6. Laughing
7. Talking
8. Shredding/tearing clothing
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
18. Assaultive
19. Crawling
20. Noncommunicative
21. Destructive Behavior
22. Disrobing
23. Urinating/defecating on floor
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 (ed)*
N. Bath/shower refused
O. Pt/staff interaction
P. VS (q 4 hr)*
Q. Other: See Notes (SF 509)

*Additional 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	1,2,3,13		1400			2000		
0215			0815	1,13,3		1415			2015		
0230			0830	1,12,3		1430			2030		
0245			0845	1,12,3,13		1445			2045		
0300			0900	1,12,13		1500			2100		
0315			0915	1,17,13		1515			2115		
0330			0930	1,12,13,13		1530			2130		
0345			0945	1,12,13		1545			2145		
0400			1000	1,12,13		1600			2200		
0415			1015			1615			2215		
0430			1030			1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		

(b)(3):10 USC §130b,(b)(6)

Signature	Initials	Signature	Initials

(b)(3):10 USC §130b,(b)(6)

GTMO JMG 813