

DETAINEE MEDICAL PROFILE

APPENDICES

卷之六

AKDA

ANTI-SLAVERY IN THE U.S.

ISBN: 0693

Cell Block:

19. TEST RESULTS (Copies of results are preferred as attachments)					
A. URINALYSIS: (1) SPECIFIC GRAVITY (2) URINE ALBUMIN (3) URINE SUGAR		(4) MICROSCOPIC		B. CHEST X-RAY OR PPD (Place, date, test number and result) N/A	
C. SYPHILIS SEROLOGY (Specify test used and results)		D. SKB	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS	

NAME	IDENTIFICATION NUM.	NO. OF SHEETS ATTACHED
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MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 6'3"	21. WEIGHT 170	22. COLOR HAIR Black	23. COLOR EYES Brown	24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESSE	25. TEMPERATURE 98.6
26. BLOOD PRESSURE (Arm at heart level)					27. PULSE (Arm at heart level)
A. SITTING SYST. DIAS.	B. RECLINING SYST. DIAS.	C. STANDING (5 mins.) SYST. DIAS.	A. SITTING B. RECLINING C. STANDING (5 mins.) D. AFTER EXERCISE E. 2 MIN. AFTER		
28. DISTANT VISION RIGHT 20/ CORR. TO 20/ LEFT 20/ CORR. TO 20/		29. REFRACTION BY BY		30. NEAR VISION CORR. TO BY	
31. HETEROPHORIA (Specify distance) ESO EXO R.H. L.M. PRISM DIV. PRISM CONV. PC PD					
32. ACCOMMODATION RIGHT LEFT		33. COLOR VISION (Test used and result)		34. DEPTH PERCEPTION (Test used and score)	UNCORRECTED CORRECTED
35. FIELD OF VISION RIGHT LEFT		36. NIGHT VISION (Test used and score)		37. RED LENS TEST	38. INTRAOCCULAR TENSION RIGHT LEFT
39. HEARING RIGHT W/V /15SV /15 LEFT W/V /16SV /15		40. AUDIOMETER RIGHT LEFT		41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

PMH: Kidney stones - hypertension - diabetes - no dysuria in now - no visual changes - no pain - no fever - no night sweats - no diarrhea - no rash

PSH: No history of smoking or alcohol use

Meds: No medications

Allergies: No known allergies

Recent tobacco/drug use: None

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

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

*1) 20/200
2) 20/200 Nephro lithiasis w/o dysuria*

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

No further examinations indicated

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check)

- A. IS QUALIFIED FOR DUTY
B. IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

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

(b)(3):10 USC §130b,(b)(6)

A	B	C	E

*(b)(3):10 USC
§130b,(b)(6)*

48. TYPED OR PRINTED NAME OF PHYSICIAN

SIGN

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

SIGN

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

SIGNATURE

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

SIGNATURE

DATE

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

Feverish episodes, flus, or infections.

Dysuria, pain in the area of genitalia (C)

Fatigue, pain in the area of abdomen, flus

Feverish episodes, flus or infections.

Moderate amount of diarrhea

(a) Irrigated rectal area with

hydrogen peroxide and gentle

irrigation fluid removed moderate

amounts of diarrhea were fine

O DEX P.O.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

May 5 Detainee reports loose stools
green and the stools are consistency

R. T. S.

R. T. S. Detainee reports loose stools

green and the stools are consistency

R. T. S. Detainee reports loose stools

(b)(3):10 USC §130b,(b)(6)

25 May 06 The patient was seen for abdominal pain
USG

(b)(3):10 USC §130b,(b)(6)

DENTAL EXAM

GUMRAZ Approved 2/28/2013 (1/16)

S: Reason for Examination:

Initial / Periodic / Separation / DD28CB / Other

Chief Complaint:

WNL

Use INK!

Q: Type of Exam:

T-1

Blood Pressure: 138/76 HG dated:

Reviewed

HOB: WNL

Radiographs Ordered: SWS Pano PA#

Findings: (except caries)

Caries, defective restorations & fractured teeth. (radiographic & clinical) None / Noted as follows:

Incip:

OCS/Soft Tissue: WNL

Endo: WNL

TMD: WNL / Pain/ Dysfunction

Occlusion: WNL

Oral Surgery: WNL/Impacted #

Other findings:

New function #s 1,16 major giving second 16
* D6HCONST # 24

A: Assessment of Chief Complaint:

Perio: Healthy / Gums (Loc/Gen) / Pds (Mild/Mod/Severe) / Other

Oral Surgery:

Endo:

Tobacco use: None/

Other:

	R	PSR	L
Max	3	3	3
Med	3	4*	3

Partial Impacted (Comm).#

Symptomatic.#

RISK ASSESSMENT		
Caries	Perio	Cancer
High	High	High
Mod	Mod	Mod
Low	Low	Low

P: Treatment Plan

Department	TREATMENT NEEDS						DATA ENTRY
	Sequence	Urgent	Sequence	Urgent	Sequence	Routine	
HYGIENE		RDH(1) DT(2) DO(3)			RDH(1) DT(2) DO(3)		1 2 3 1 2 3
OPER (Teeth)	Regular Priority						1 2 3 4 1 2 3 4
	(1) High Priority						5 6 7 8 5 6 7 8
ORAL SURG	Simple Complex	1 10 17 32			1 16 17 32		1 2 3 4
	(Teeth)	1 18 17 32			1 18 17 32		5 6 7 8
PERIO	Eval						1 2 3 1 2 3
	Non-smoker	1 2 3 4			1 2 3 4		4 5 6 4 5 6
	Smoker	1 2 3 4			1 2 3 4		1 2 3 1 2 3
ENDO	Reg. Dent.						1 2 3 1 2 3
	Tooth Dent.						1 2 3 1 2 3
PROS							1 2 3 1 2 3
	Prost. Reg.						4 5 6 4 5 6
	Implant Reg.						1 2 1 2 3
ORAL DIAG							1 1
SEALANTS							1 2 3 1 2 3
	(1-100)						4 5 6 4 5 6

ADDITIONAL REMARKS (See reverse)

5/25/04
 Patient smoke 2 pack day
 No dental history
 No medical history
 No family history

Hazards associated with tobacco use and where to seek cessation assistance

For current smoking and T2 non-smokers

For more information

Date:

Place:

RECALL DATE

RECALL INTERVAL

COMMIT. CLASS

15N 888 80 0693

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)	
	DATE AND TIME	
2/28/02 @1405	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE	
	Detainee placed in (b)(2)	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 \$130b,(b)(6)	
3/20/02 @1805	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 GITMO Dr. / Nurse \$130b,(b)(6)	
3/20/02 @1600	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.	
	(b)(3):10 USC GITMO Nurse \$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)

PROGRESS NOTES
Medical Record

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME			DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP	RX		NURSES SIGNATURE
<i>2011-01-01</i>	<i>0100-01-01</i>		RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING	
Place Detainee in (b)(2)				
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) 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 required.				
(b)(3):10 USC \$130b,(b)(6) GITMO				

(Continue on reverse side)

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

REGISTER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD*1093*

PROGRESS NOTE

(Sign all initials)

MEDICAL RECORDS

DATE AND TIME

3/26/01

000620

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

Detainee placed in (b)(2)

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

3/26/01

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

000620

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

3/26/01

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

000620

Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at (6). 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)

PROGRESS NOTES

Medical Record

000620

STANDBY FORM 501 (REV. 7-91)
Produced by GS/AVG/DRM 10-1995

GTMO JMG 1515

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
<i>3/20/02</i>	Left arm	<i>0820</i>	<i>1015</i>	Left leg	<i>0820</i>	<i>1015</i>
	Right arm	<i>0830</i>	<i>1015</i>	Right leg	<i>0820</i>	<i>1015</i>

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

- | | | | |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight | 7. Talking | 13. Quiet | 19. Crawling |
| 2. Beating or kicking door | 8. Mumbling incoherently | 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. Disobedient |
| 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)* |
| <i>*Minimal Time Requirements</i> | | | |
| Q. Other; See Notes (SF 509) | | | |

Time	4 AM	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>(b) (3) 112 JIK</i>		1430			2030		
0245			0845	<i>(b) (3) 112 JIK</i>		1445			2045		
0300			0900	<i>(b) (3) 112 JIK</i>		1500			2100		
0315			0915	<i>(b) (3) 112 JIK</i>		1515			2115		
0330			0930	<i>(b) (3) 112 JIK</i>		1530			2130		
0345			0945	<i>(b) (3) 112 JIK</i>		1545			2145		
0400			1000	<i>(b) (3) 112 JIK</i>		1600			2200		
0415			1015	<i>(b) (3) 112 JIK</i>		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)				

Initials: (b) (3) 112 JIK

693 (b) (3) 112 JIK

Initials: (b) (3) 112 JIK

PROGRESS NOTES

(Sign all orders)

MEDICAL RECORD

DATE AND TIME

	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE	
<i>16 MAR 06</i>	(b)(2)	Reason for Restraint: Medical Necessity
<i>c 1505</i>	Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. His behavior is due to his refusal to eat and not due to mental status change or illness. Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered food at every meal, yet he refuses to eat. Because the detainee refuses to eat, restraints were initiated for medical necessity for feeding. Detainee will be observed continually and he will be reminded of how his behavior must change (he must eat voluntarily) to avoid the use of medical restraints for present and future feedings. Detainee was told that he will remain in medical restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6)	
	GITMO Nurse	
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE	
<i>16 MAR 06</i>	Indication: Malnutrition; hunger strike	
<i>c 1505</i>	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	
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE	
<i>16 MAR 06</i>	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at <i>163</i> . 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	

(Continuation reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME, I.D. #, B.I.D., middle, grade, rank, rate, hospital or medical facility)

*#693*PREVIOUS NOTES
Medical RecordGTMJMG FORM 29 (REV. 10-01)
PRINTED IN USA/IGOR P. RODRIGUEZ

GTMO JMG 1517

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)		DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
DATE AND TIME	RX	DRUG ORDERS			
START	STOP				
RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING					
<i>KM/C</i> <i>06/10</i>	<i>(b)(3) 10</i>	<i>Place Detainee in (b)(2)</i>			
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)					
<i>Detainee was told 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.</i>					
INITIATION OF RESTRAINTS -- MEDICAL NECESSITY					
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.					
(continued on reverse side)					

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

[REGISTER NO.] [WARD NO.]

DOCTOR'S ORDERS
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:
<i>12/04/06</i>	Left arm Right arm	<i>1605</i> <i>1305</i>	<i>1635</i> <i>1405</i>	Left leg Right leg	<i>1205</i> <i>1505</i>	<i>1235</i> <i>1405</i>

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

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

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

- | | | | |
|------------------------------|-----------------------------|---------------------------------|-------------------------|
| A. Meal offered | B. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | C. 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)* |
| *Initial Time Requirements | | | |
| Q. Other: See Notes (SF 509) | | | |

Time	Code	Initials									
0000			0500			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)

Initials: (b)(3):10 USC §130b,(b)(6)

H. J. G. B.

Initials: (b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
DATE AND TIME START	STOP	DRUG ORDERS		
9 Mar 06 <i>QBD</i>	RX	RESTRANT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
		Place Detainee in (b)(2)		
		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)	<input checked="" type="checkbox"/> <input type="checkbox"/> GITMO	(b)(3):10 USC §130b,(b)(6)		
REASON 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.				
(initialled or, 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)	
	3/19/06 CRH S	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE
	Detainee placed in (b)(2)	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 §130b,(b)(6)	
3/19/06 CRH S	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	
3/19/06 CRH S	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE	
	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at 11:15. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode	
	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)

603

PROGRESS NOTES
Medical Record

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

Date: 3/4/06 Limb Restrained: Time In: 0845 Time Out: 1005 Limb Restrained: Time In: 0845 Time Out: 1005
 Left arm 0845 Right arm 0845 Left leg 0845 Right leg 0845

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. PV/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |

*Minimal Time Requirements

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) (b)(10) USC §130b,(b)(6)

Signature _____

Signature _____

Initials _____

1093

MEDICAL REC CORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START STOP	RX		
<i>8/16/06</i>	<i>ONBD</i>	RESTRRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING	
		Place Detainee in (b)(2)	
		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)	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.	
		(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*293*

MEDICAL RECORD		PROGRESS NOTES (See all notes)
DATE AND TIME		
INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE		
<i>15 Mar 04</i>	Detainee placed in (b)(2)	Reason for Restraint: Medical Necessity
<i>21 Mar 04</i>	<p>Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.</p> <p>His behavior is due to his refusal to eat and not due to mental status change or illness.</p> <p>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.</p> <p>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)</p>	
	GITMO Nurse	
PROCEDURE NOTE: INSERTION OF FEEDING TUBE		
<i>15 Mar 04</i>	Indication: Malnutrition; hunger strike	
<i>21 Mar 04</i>	<p>Under local anesthesia (viscous lidocaine, 2%) a 10 F / 12 F enteral feeding tube was inserted in the L nostril using standard procedure. A stylet was / was not used.</p> <p>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)</p>	
	GITMO Dr. / Nurse	
DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE		
<i>15 Mar 04</i>	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at <i>18:05</i> . 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	

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

#1693

PROGRESS NOTES
Medical Record

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 10/10/09 Limb Restrained: Left arm 1622 Time In: 1613 Time Out: 1613 Limb Resolved: Left leg 1622 Time In: 1613 Time Out: 1613
 Right arm 1622 1645 Right leg 1622 1645

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. Assultive | 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

Code	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	(b)(3):10 USC §130b,(b)(6)
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:	(b)(3):10 USC §130b,(b)(6)								
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Initials _____

10/10/09

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME		DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP	RX	NURSE'S SIGNATURE
RESTRANT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING			
		Place Detainee in (b)(2)	
		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)			
<i>Detainee 130b(b)(6)</i>		(b)(3):10 USC \$130b,(b)(6) 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 (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

WB

MEDICAL RECORD #	PROGRESS NOTES (Sign all entries)	
	DATE AND TIME	
	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE	
<i>16042004</i>	Detainee placed in (b)(2)	Reason for Restraint: Medical Necessity
<i>C DMT</i>	Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.	
	His behavior is due to his refusal to eat and not due to mental status change or illness.	
	Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered food at every meal, yet he refuses to eat. Because the	
	detainee refuses to eat, restraints were initiated for medical necessity for feeding.	
	Detainee will be observed continually and he will be reminded of how his behavior must change (he must eat voluntarily) to avoid the use of medical restraints for present	
	and future feedings. Detainee was told that he will remain in medical (b)(3):10 restraints until feed and post feed observation (60-120 minutes) USC	
	GITMO Nurse	
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE	
<i>16042004</i>	Indication: Malnutrition; hunger strike	
<i>C DMT</i>	Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the X 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	
	GITMO Dr. / Nurse	
	DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE	
<i>16042004</i>	Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding and was released from restraints and returned to his cell in good condition. Detainee was released from restraints at 16042004 . Detainee has / did not have physical injury from the restraint (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; gender; rank; race; hospital or medical facility)

PROGRESS NOTES
Medical Record

6042004

STANDARD FORM 101 (REV. 7-87)
Produced by GENONIC COMPUTER SYSTEMS

GTMO JMG 1527

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date:	Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
15-04-2013	Left arm	0845	1015	Left leg	0845	1015
	Right arm	0845	1015	Right leg	0845	1015

Observations (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. Assultive | 24. Other; See Notes (SF 509) |

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

- | | | | |
|------------------------------|-----------------------------|---------------------------------|-------------------------|
| A. Meal offered | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | F. Toilet refused | J. ROM (q 2 hr)* | N. Bath/shower refused |
| C. Fluids offered (q 2 hr)* | G. Medication accepted | K. RN observation (q 2 hr)* | O. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |
| Q. Other; See Notes (SF 509) | | | |

*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	(b)(3):10 USC §130b,(b)(6)		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 _____

Signature _____

16 APR 2013

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

Date: 3/27/03 Limb Restrained: Time In: 1400 Time Out: 1900 Limb Restrained: Time In: 1400 Time Out: 1600

Left arm 1400 Right arm 1400 Left leg 1400 Right leg 1400

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. Stumbling incoherently | 14. Sleeping | 20. Noncompliant/aggressive |
| 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**

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300			1900		
0115			0715			1315			1915		
0130			0730			1330			1930		
0145			0745			1345			1945		
0200			0800			1400	(b)(3)1 112 JK		2000		
0215			0815			1415	(b)(3)1 112 JK		2015		
0230			0830			1430	(b)(3)1 112 JK		2030		
0245			0845			1445	(b)(3)1 112 JK		2045		
0300			0900			1500	(b)(3)1 112 JK		2100		
0315			0915			1515	(b)(3)1 112 JK		2115		
0330			0930			1530	(b)(3)1 112 JK		2130		
0345			0945			1545	(b)(3)1 112 JK		2145		
0400			1000			1600	(b)(3)1 112 JK		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)

Address _____

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME START	STOP	DRUG ORDERS	DOCTOR'S SIGNATURE
RX			NURSE'S SIGNATURE
<i>11/20/06</i>	<i>0730</i>	RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING	
		Place Detainee in (b)(2)	
		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) GITMO	
		INITIATION OF RESTRAINTS -- MEDICAL	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) GITMO	

(Continue on reverse side)

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

REGISTER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD*WB*

MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all entries)	
3/7/02 C/PAC	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE	
	Detainee placed in (b)(2)	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 §130b,(b)(6)	
3/7/02 C/PAC	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 GITMO Dr. / Nurse §130b,(b)(6)	
3/7/02 C/PAC	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 140. 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 §130b,(b)(6)	

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

middle, grade; rank, rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME START STOP		DRUG ORDERS	DOCTOR'S SIGNATURE
		NURSE'S SIGNATURE	
RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING			
<i>100/06</i>	<i>0130</i>	Place Detainee in (b)(2)	
		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) USC GITMC §130b,(b)(6)	
		INITIATION OF RESTRAINTS -- MEDICAL	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 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)	
		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

WB

PROGRESS NOTES

(Sign off orders)

MEDICAL RECORD

DATE AND TIME

3/1/04

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE

0845

Detainee placed in (b)(3):10 USC 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

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

0845

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)

3/1/04

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

1045

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 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)

PROGRESS NOTES
Medical Record

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

Date:	Limbs Restrained:	Time In:	Time Out:	Limbs Restrained:	Time In:	Time Out:
<u>3/17/02</u>	Left arm	<u>0845</u>	<u>1046</u>	Left leg	<u>0845</u>	<u>1046</u>
	Right arm	<u>0845</u>	<u>1046</u>	Right leg	<u>0845</u>	<u>1046</u>

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

- | | | | |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight | 7. Talking | 13. Quiet | 19. Crawling |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping | 20. Noncommunicative |
| 3. Yelling or screaming | 9. Standing | 15. Requesting release | 21. Destructive Behavior |
| 4. Cursing | 10. Walking or pacing | 16. Harmful to self | 22. Disrobing |
| 5. Crying | 11. Lying down | 17. Threatening staff | 23. Urinating/defecating on floor |
| 6. Laughing | 12. Sitting | 18. 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. PV/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |

*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	1,2,3,I,K	(b)(3): 10 USC §130b, (b)(6)	1445			2045		
0300			0900	1,2,3,I,K		1500			2100		
0315			0915	1,2,3,I,K		1515			2115		
0330			0930	1,2,3,I,K		1530			2130		
0345			0945	1,2,3,I,K		1545			2145		
0400			1000	1,2,3,I,K		1600			2200		
0415			1015	1,2,3,I,K		1615			2215		
0430			1030	1,2,3,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 _____

Signature _____

Signature _____

Signature _____

Signature _____