UKDA

JTF-GTMO MEDICATION ADMINISTRATION RECORD

Transcribed 1/20 (b)(3):10 USC §130b,(b)(6) Verified _____ Month/Year Feb 21 / Mar 21

* = REFUSED

	STOP DATE	SCHEDULED MEDICATION	TIME	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7
V11/20		Tt 2 cal, t band @ 500cc	AM	(b)(3):10 USC §130b,(b)(6)														
		H_2O	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y
V11/20		Tt 2cal, t band @ t gatorade 500cc H_2O	PM															
V19/20		Reglan 10mg. c feeds	AM															
			PM															
2/17		Protonix 40mg P.O. daily	AM									MAL RECORDED 2/22/21						
		give 30min before feed c H_2O		X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y
2/17		Normal Saline 5-10 gtts	AM															
		In each more with feeds	PM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Y
2/20		Flonase 1t puffs each	AM															
		nare BID	PM															
2/21		Claritin 10mg PO QD	AM															

SICKCALL VISITS

INITIALS / PRINTED NAME

(b)(3):10 USC §130b,(b)(6)

693

BLOCK #

NKDA

DETAINEE PROFILE
NAVMED 6550/12 (3-86) S/N 0105-LF-206-5560

Revised 7/95

DATE	MEDICATIONS	TIMES	DATE	LABORATORY/DIAGNOSTIC TESTS/EXAMINATIONS/ CONSULTATIONS	DATE SENT	√
12/25	Protonix 40mg IV QD		12/25	CBC, CHEM-7, AST, ALT,	☒	
12/25	Zosyn 3.375gm IV Q 6HRS			ALK PHOS, Total bilirubin,	☒	
12/25	BANANA BAG IV QD			AMYLASE, LIPASE, PT/PTT/INR	☒	
			12/25	TYPE & SCREEN OA TO DACU	HOLD	
			12/25	CBC in AM (12/26/05)	☒	
			12/26	BMP, MG, Phos, Ca QD		
				12/27 ☒, 12/28 ☒, 12/29 ☐, 12/30 ☐, 12/31 ☐		
			12/26	CBC, LFTS in AM (12/27)	☒	

DETAINEE ISN

#693

NKDA

DETAINEE PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5550

Revised 7.05

√	ACTIVITY	DATE	√	BATH	DATE	DIET	DATE	√	VITAL SIGNS	FREQ
	Bed rest			Bed Bath		[illegible]	[illegible]	√	Temp	
	Bathroom Priv			Shower		[illegible]		√	Pulse	12/25
	Up in Chair			Tub		TID		√	Resp	Q4°
	Ambulate			Assist				√	B/P	
	Commode							√	Pulse Ox	
	Assist								Other	
√	AD LIB	12/25								

ORAL HYGIENE	DATE	FLUIDS	DATE	√	FEEDING	DATE
Self		Forced			Self	
Assist		Restricted			Assist	
		I&O (circled)	12/25		Tube Feed	

Other

DATE	TREATMENT/SPECIAL NOTES	TIMES
12/25	ADMIT TO (b)(2)	
12/26	DAILY WTS.	

DATE	TREATMENT/SPECIAL NOTES	TIMES
	IVF:	
	Rate:	
	Gauge: Site:	
12/25	LR 2L BOLUS OA DAILY	
12/25	CALL MD FOR: T>101° F,	
	SBP >180; <90; DBP>125; U/O <100 cc/hr	

DETAINEE ISN

#693

DIAGNOSIS

Abdominal pain R/O internal hernia

AGE	HEIGHT	WEIGHT

PATIENT CLASSIFICATION

STABLE

OP/SPECIAL PROCEDURES

LANGUAGE

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	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.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INT.																	

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA

TRANSCRIBED/ DATE (b)(3):10 USC §130b,(b)(2/24/06

VERIFIED/ DATE

MONTH/ YEAR Feb/Mar 2006

*****Any refused, not [...] 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	2/23	2/24	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	3/8
(b)(3): 10	2/20	I	Flonase ii puffs each	AM	(b)(3):10 USC §130b,(b)(6)	TRANSFERRED TO									(b)(2)			
X	X	X	nare BID	PM														

SICKCALL VISITS

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	#	
						(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0-693

BLOCK#

2 of 2

GTMO JMG 1228

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-6561

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 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.																
		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: (b)(3):10 USC §130b,(b)(6) 2/22/06

VERIFIED/ DATE:

MONTH/ YEAR: FEB/MAR 2006

*****Any refused, not given 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)

(b)(3):10 USC §130b,(b)(6)

RN	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	2/23	2/24	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	3/8
(b)(3):10 USC §130b,(b)(6)	2/23	I	ENTERAL FEED c 3cans 2cal,	AM	(b)(3):10 USC §130b,(b)(6)													
			1 CAN BOOST @, JEVITY 1.0	PM														
			1 can + 1890cc H2O BID															
	2/10/06	I	RECLAN 10mg c FEEDS	AM														
				PM														
	2/10/06	I	Magnesium Citrate 10ml	AM														
			@ each enteral feeding	PM														
	2/17	I	Protonix 40mg PO QD GIVE	AM														
			30min before feed c H2O															
	2/17	I	Normal Saline 5-10cc each enteral feeds	AM														
				PM														
	2/21	I	Claritin 10mg PO QD	AM														

TRANSFERRED TO (b)(2)

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	#	

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- 693

BLOCK#

1 of 2

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-5681

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 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.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INT.																

JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC 2/24/06

VERIFIED/ DATE: (b)(3):10 USC §130b,(b)(6)

MONTH/ YEAR: Feb/Mar 2006

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RN INT	START DATE	STOP DATE	SCHEDULED MEDICATION	TIME	2/24	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	3/8	3/9
(b)(3):10 USC §130b,(b)(6)	2/24/06	I	3 cans 2cal + 1 can Boost (+) + 1 can	AM	(b)(3):10 USC §130b,(b)(6)													
			Jevity 1.0 + 1890cc H2O divided BID	PM														
	2/24/06	I	Reglan elixir 10mg ē each	AM														
			enteral feeding	PM														
	2/24/06	I	Magnesium citrate 10 ml ē	AM														
			each enteral feeding	PM														
	2/24/06	I	Claritin 10mg PO QD	AM														
	2/24/06	I	normal saline 5-10 gtts each	AM														
			nostril BID	PM														
	2/24/06	I	Sudafed 60mg PO	0800														
			TID x 3 DAYS	1400														
				2000														

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#

1 of 2

GTMO JMG 1232

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-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 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.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
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