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

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MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
12/24/05 0955	Surgery 1404 ABx d4
	tolerated 58 cal/hr TFs for past 24h s̄ complaints – ∅ N/V
	denied abd pain o/n. This AM c/o some LUQ / (L) back pain,
	also c/o diarrhea o/n. Dobhoff in place. Does ∅ want to
	eat orally today
	Meds VSS and I/O WNL
	PEx – abd soft, mild TTP LUQ / (L) back, ∅ RUQ / RLQ TTP
	∅ distension. ∅ peritoneal signs
	LABS – 5.6 > 12.3/36 < 171 57N
	140 / 4.3 | 106 / 25 | 5 / 0.8 < TP 6.1 AST 23 ↓ TB 0.5
	Alb 3.1 ALT 29 ↓ Alk 61 ↓
	Alb 3.1
	(A/P) 24yo ♂ c̄ probable low-grade cholecystitis / GB dysfunction,
	much improved. clinical exam much improved, labs improved (back
	to normal), tolerating TFs s̄ complaints. Cholecystitis probably
	resolved by this point. Plan to d/c ABx, continue TFs
	for now. If pt decides to eat orally, will maintain on low-fat
	diet if eats and re-evaluate. Ultrasound RUQ is pending
	once technologist / radiologist arrives on island. No active
	surgical dz @ this time. If continues to tolerate TFs, may
	tx back to block. will pull TF back to stomach for [illegible]

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: 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

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(8)

DATE

NOTES

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
12/26 0950	PLACED 10F OHT I.V. (L) NARE Ē USE OF LUBRICANT. PT TOLERATED WELL. V'D PLACEMENT VIA INSUFFLATION, (+) [illegible] IN LUQ. (b)(3):10 USC §130b,(b)(6)
12/27/05 0900	~~Surgery [illegible] Asked 4~~
	~~[illegible] [illegible] for [illegible] [illegible] - ∅ n/v. [illegible]~~
	~~[illegible] [illegible] diarrhea. [illegible]~~
	~~[illegible] per [illegible] (x [illegible]).~~
	~~Abd VSS~~
	~~GI NAD~~ (b)(3):10 USC §130b,(b)(
	~~Abd - soft, mild TTP [illegible], (+) [illegible] ∅ [illegible]~~
	~~[illegible]. ∅ peritoneal signs~~
Dec/27/05 0935	Doctor note
	#693 → c/o abd pain/ some [illegible] ē current [illegible]
	∅ [illegible].
	VS → temp. 96.8 P-52 R-18 BP-122/72 [illegible]
	[illegible] ∅ [illegible]
	Chest S.S → ∅ [illegible] [illegible])
	(b)(3):10 USC §130b,(b)(6)
	[illegible] → (b)(3):10 USC §130b,(b)(6)

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

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PROGRESS NOTES
Medical Record

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

GTMO JMG 356

DATE

NOTES

(b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD | PROGRESS NOTES

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DATE	NOTES
11/26/05	Surgery WD 3 ABx d 3
0840	CT scan abd/pelvis c PO contrast performed last pm – spoke c
	radiologist @ Portsmouth. ⊖ [illegible] hernia, ⊕ fluid in pelvis
	⊕ pericholecystic fluid but ∅ other evidence of cholecystitis by CT –
	Recommend RUQ ultrasound for further eval.
	(S/N) – ∅ events, pt states improved pain and mostly RUQ. ∅ pain
	meds o/n. States would like nutrition by tube feed today
	Tm 98.2 47 16 94-110/48-69 BM x2 u/o 200+
	Gen NAD
	abd soft, TTP RUQ, ⊖ peritoneal signs, ⊖ distension
	⊖ TTP LUQ
	Labs – 5.1 > 12.3/37.8 < 124 55%N 139 | 103 | 10 / 4.2 | 31 | 0.5 < 103 AST (167) ALT (77) ALP (256) TB 0.5
	U/S RUQ (performed by me, not verified by radiologist) – ∅ stones visible,
	∅ GB wall thickening, ⊕ sonographic murphy's
	(A/P) 24 yo ♂ c possible low-grade cholecystitis, but unable to definitively
	determine by CT scan. U/S not available @ this time. clinically
	improved o/n c ↓ pain. Afebrile o/n, WBC ↓ 5.1. LFTs slightly
	elevated today. Explained to pt that likely etiology of pain is
	gallbladder, and may benefit from cholecystectomy. Pt doesn't want
	surgery @ this time, but willing to take nutrition by tube. will allow
	Continued

(b)(3):10 USC §130b,(b)(6)

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

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 1-91)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

GTMO JMG 358

DATE	NOTES
12/[illegible]/08 0700	Surgery (cont)
	to provide nutrition by TF or oral route and evaluate if pt develops
	↑ pain. If RUQ pain develops will discuss again c patient
	likely drainage of pus [illegible] the gallbladder [illegible] [illegible] [illegible]
	[illegible] [illegible] of [illegible] findings. will work on obtaining formal RUQ
	ultrasound for further eval. D/w Dr. [illegible], Hospital CO, Hosp XO,
	And SMO who Agree c plan. (b)(3):10 USC §130b,(b)(6) [redacted]
12/16/2008 0915	Admin note
	?? y/o male → admitted for abd pain / suspected internal hernia [illegible]
	→ [illegible] [illegible] [illegible] [illegible] IV [illegible] [illegible] CT/
	[illegible] / [illegible] surgery
	VS temp 97 / P-48 / R-14 / BP 94/55 / Sat 100 RA
	[illegible] [illegible] [illegible] [illegible] Wt 125 lb
	[illegible] → [illegible] → [illegible]
	[illegible] → [illegible] [illegible] and tenderness of [illegible]
	[illegible] [illegible]
	Labs 103 / 139 / 100 / 110; 4.2 / 31.3 / 0.8 — CK 706 (↓)
	Mg 1.9
	Phos 2.3 (↓)
	Heme/ Alb 2.8 (↓)
	5.4 \ 12.4 / 127; 35.8 — TP 4.5 (↓)
	AST 102 (↑) Alk phos 173 (↑)
	ALT 256 (↑) T.Bili 0.5
	No possible cholecystitis → doubt internal hernia at present time
	Will start feeding and watch for tolerance
	[illegible] → [illegible] → [illegible] [illegible] [illegible] (b)(3):10 USC §130b,(b)(6) [redacted]
	[illegible] [illegible] [illegible] (b)(3):10 USC §130b,(b)(6) [redacted]

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
12/25/05	Surgery consult
1600	Asked to see pt for 50lb wt loss over past months, recently
	admitted to hospital for evaluation, also c/o abd pain. Pt describes post-prandial
	pain which lasts 2-3 hrs, squeezing in nature, assoc c abd distension p
	eating. Solids worse than liquids. Pain mostly over LUQ, but also
	over RUQ/RLQ (+) nausea p eating, ~~[illegible]~~ states pain worse
(b)(3):10 USC §130b,(b)(6)	past 2-3 days than before, but since ↓ eating not as bad as when eating.
	Admits being a hunger striker, but states does not eat due to postprandial
	pain. Pt states has been vomiting over past couple of days, but ∅ diarrhea
Prob	
Nephrolithiasis	PE: T 101.4 Tc 93 14 50 102/59 O2 sat 100% Pain 8/10
Dyspepsia ? wt loss	Gen: cooperative thin ♂
	Lungs CTA
MDS	CV RRR
2 cyst	Abd - diffusely TTP, c TTP LUQ > RUQ/RLQ, (+) (L) CVAT,
Pancreas Ext	(+) rebound LUQ, (+) BS, ∅ masses palpable, ∅ scars
	ext ∅ c/c/e
	24 Dec — (9.5) 14.8/47.2 (139 (91.3) 6 bands 141/3.8 | 103/26 | 5/0.8 ⟨ 88 Mg 2.2 Phos 4.4
	(2.9 11 hrs earlier)
	Alb 3.6 TB 1.0 ALT 23 TP 6.7 AST 32 U/A
	22 Dec amylase 72 lipase 70

(b)(3):10 USC §130b,(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | (Cont) SPONSOR'S ID NO. (SSN)

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PROGRESS NOTES
Medical Record

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

DATE	NOTES
12/25/05 1600	<u>Surgery consult (cont)</u>
	CXR – ∅ infiltrates (per my reading, awaiting formal reading)
	CT abd/pelvis 23 Dec – Abnormal configuration of mesentery and possibly probably obstructing internal hernia, left upper abdominal region. ⊖ free air. small amt fluid gallbladder fossa ⊕ moderate free fluid in pelvis
	(A/P) 24 yo ♂ c̄ 5-6 mos h/o postprandial pain LUQ assoc c̄ 50 lb wt loss. Pt describes postprandial LUQ pain, distension, squeezing pain c/w possible internal hernia. CT scan (∅ PO contrast) suggestive of LUQ abnormality (possible hernia vs mesenteric abnormality). Recent ↑ in WBC from 2→9 assoc c̄ fever concerning for possible strangulation, esp. in light of no other obvious infection source. Abd exam concerning for intraperitoneal process. Due to possibility of strangulated internal hernia, recommended to pt to undergo exploratory laparotomy to determine source of pain/fever/↑WBC. Pt refuses operation, states he would like medication + honey to treat problem. Explained to pt that this is not a problem amenable to [redacted] (b)(3):10 USC §130b,(b)(6) (through interpreter), but pt persisted that he does not want operation. Explained risks of severe infection, sepsis, or possibly even death. Pt still refuses. D/w [redacted] (b)(3):10 USC §130b,(b)(6) Plan to repeat CT now c̄ oral contrast to better define etiology of problem, and will discuss pt @ Ethics Committee tomorrow AM. Pt not critical at this time – ∅ s/s sepsis. Vitals now c̄ low ↑ temp. Will transfer to DAU, repeat CT scan, close observation c̄ serial exams. Will continue to discuss c̄ pt.
	[redacted] (b)(3):10 USC §130b,(b)(6)

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
	continued →
12-24-05 21:25	Pneumonia w/ possible septicemia. Will do close observation through night with q 4 hr vital signs. If any sign of increased sepsis, (↑) respiratory distress or (↓) Pulse oximetry, will move to DACU. Patient is stable at present. He tolerated Motrin 30 cc PO via dht and IVPB Rocephin.

(b)(3):10 USC §130b,(b)(6)

DATE	NOTES
12/25/05	Medical Progress Note
1215	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
	Gen NAD x3
	HEENT: ø mass, ø LAD, ø JVD,
	Heart: RRR, ø m/r/s
	Lungs: Fine rhonchi RML/RLL, otherwise clear
	ABD: (+) tenderness along LUQ/LLQ more prominent along (L) abd rectus border, ø mass palpable, +/- Murphy's sign
	EXT: ø edema, pulses palp bilat 2+
	LABS: 12/24 9.5 > 14.6 / 44.2 < 139 N 88 L 7 M 1 E 0 36 | Blood cultures (?) x2
	141 | 103 | 3 / 3.8 | 26.1 | 0.8 MG 2.20 PHOS 4.40 ABG - 7.37, 323, O2 18, HCO3 23.1, BE -1, 99%
	CT scan chest/abd/pelvis ? abnormal configuration of the mesentery and possibly partially obstructing internal hernia

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

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(b)(3):10 USC §130b,(b)(6)

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
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