

① Wt loss

Major stroke - will work up medical causes first before  
planning on long stroke lit.

GI issues - AAS for initial work up include upper  
endoscopy and CT scan as part of  
work up.  $\checkmark$  H. pylori not begin treating  
empirically as a thought. D/C amphet  
and start IV probenecid 4mg qd. No evidence of  
signs of malabsorption.

Infections -  $\checkmark$  HIV, Hx of @ PPD, severe PPD  
 $\checkmark$  CXR PA/lateral. No other signs of  
infections - No fever,  $\checkmark$  urine lit, due  
to malabsorption.

Metabolic - Not diabetic. Will  $\checkmark$  TSH, rest as other  
abnormal symptoms.

Cancer - 24% of the body had of cancer. Will  
not pursue except for CT and CT scan.

Psychiatric - Brief exclusion. Consider RLS consult in future if  
no history present.

(b)(3):10 USC §130b,(b)(6)

# 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 $\bar{c}$ each feed	0800	<small>(b)(3)-10 USC §130b,(b)(6)</small>													
			$\frac{1}{2}$ Mag Citrate 30cc liquid $\bar{c}$ each feed	1400														
	1/11	I	2 Cal X2 + Boost $\text{\textcircled{A}}$ X1	0800	<small>(b)(3)-10 USC §130b,(b)(6)</small>													
			$\bar{c}$ 500ml H2O BID	1400														
	1/14	I	2am $\text{\textcircled{A}}$ , Boost $\text{\textcircled{A}}$ , 500cc H <sub>2</sub> O 11PM	AM	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	1/14	I	2am $\text{\textcircled{A}}$ , Boost $\text{\textcircled{A}}$ , Juice $\text{\textcircled{A}}$	PM	X	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.

D-JTF 888-0-

#693

BLOCK#

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NICDIA

NICDIA

Bed rest	By / Bath	DATE	DIET	DATE	REVIEW	DATE	VITAL SIGNS (REF)
Bathroom Use	Shower		1 - 2000 7000				Temp
Wc Chair	Job		2 eat. 1 - 1000				Pulse
Wc Bed			3. 1000 1500				Res. 240
Wc Bed			4. 1000 1500				B.P.
Wc Bed			5. 1000 1500				Pulse Ox
Wc Bed			6. 1000 1500				Other
Wc Bed			7. 1000 1500				
Wc Bed			8. 1000 1500				
Wc Bed			9. 1000 1500				
Wc Bed			10. 1000 1500				
Wc Bed			11. 1000 1500				
Wc Bed			12. 1000 1500				
Wc Bed			13. 1000 1500				
Wc Bed			14. 1000 1500				
Wc Bed			15. 1000 1500				
Wc Bed			16. 1000 1500				
Wc Bed			17. 1000 1500				
Wc Bed			18. 1000 1500				
Wc Bed			19. 1000 1500				
Wc Bed			20. 1000 1500				

DATE	TREATMENT/SPECIAL NOTES	TIMES	DATE	TREATMENT/SPECIAL NOTES	TIMES
12/22	Admit & Rehydrate				
12/22	Call MD 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		*	Stop maintenance fluids when running banana bag	
12/24	Psychiatry Consult Routine				
1/2/25	Diet: 3 meals TID < 1600 2:00				
1/2	H <sub>2</sub> O 1-1.5 L QD				
1/2	D/C from MH and transfer to block				

DETAILED ISN	DIAGNOSIS	AGE	HEIGHT	WEIGHT
	Significant wt loss CH H5			
	SPECIAL PROCEDURES	PATIENT CLASSIFICATION		
		Stable		

693

NKDA

12/22

12/23

LABORATORY  
TESTS  
CONSULTATIONS

LABORATORY  
TESTS  
CONSULTATIONS

DATE  
SENT

12/22 SEE MAR

12/22 LIA, 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

PREVIOUS

693

# JTF-GTMO DETENTION HOSPITAL MEDICATION ADMINISTRATION RECORD

Allergies NKNA

Transcribed b(3):10 USC §130b,(b)(6)

Verified \_\_\_\_\_

Month/Year 4/06

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
<del>12/28</del>		<del>1-200L, 2-ENSURE</del>	0800	b(3):10 USC §130b,(b)(6)													
		155 cc H <sub>2</sub> O via PHT	1400														
		2 ENSURE (OINT) <sup>(B) 150</sup> CC H <sub>2</sub> O	1800														
<del>12/28</del>		<del>2 PPT NEOTMA-PDQS</del>	0800														
			1400														
			1800														
<del>4/28</del>		30 cc Mg CESTATE / 10mg REGLAN / <del>...</del> IN AM PCEX	0800														
<del>3/28</del>		WEIGHT Q-D	0800														
<del>12/37</del>		20LIFT 50mg PD QD	2200														
<del>12/28</del>		40 mg Pectone PD QD	0800														

INITIALS / PRINTED NAME

b(7)(B)	b(3):10 USC §130b,(b)(6)	b(3):10 USC §130b,(b)(6)
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D-JTF 00-888-6-

693

Z of Z lol!



Parameters		0800 - 2000		2000 - 0800	
NEURO	WNL = A & O x 3	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input checked="" type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / DHT has < 50cm extending from nose. Tube able to flush prior to EN infusion.	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED FEEDING TUBE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED FEEDING TUBE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
GU	WNL = Able to void. No dysuria or retention	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
SKIN	WNL = Skin intact. inspect nares for damage or lesions.	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
MUSCULO-SKELETAL	WNL = Ambulating without assistance	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED
RESTRAINTS	WNL = All shackled or restrained extremities have normal pulses, color cap off, temp, movement and sensation. Escapisms must be documented in narrative.	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL <b>(b)(1) Sec 1.4</b>	<input checked="" type="checkbox"/> WNL EXCEPTIONS:	<input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL <b>(b)(1) Sec 1.4</b> A

CORPSMAN SIGNATURE		INITIALS	NURSE SIGNATURE		
AM			<b>(b)(3):10 USC §130b,(b)(6)</b>		<b>(b)(3):10 USC §130b,(b)(6)</b>
PM					
ISN #	<b>693</b>	Date:	<b>10 Jan 06</b>	WEIGHT:	<b>122<sup>4</sup></b>



Parameters		1800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
RESP	WNL = REG RATE / DEPTH 12-20 BREATHS / MIN	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED FEEDING TUBE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED FEEDING TUBE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT EXCEPTIONS: _____
GU	WNL = Able to void. No dysuria or retention	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
SKIN	WNL = Skin intact Inspect nares for damage or lesions.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
MUSCULO-SKELETAL	WNL = Ambulating without assistance	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
SAFETY	WNL = MA / MP in area and patient shackled. ISN number above bed.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
RESTRAINTS	WNL = All shackled or restrained extremities have normal color, cap refill, temp movement and sensation. Exceptions must be documented in narrative.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL EXCEPTIONS: _____

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

IGN # 693

Date 9 Jan 06

WEIGHT 123<sup>0</sup>