

Date/Time	RR	HR	B/P	TEMP	O2 SAT	* PAIN
<b>SHACKLE CHECKS:</b> 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 1/9 2005	DENIES			
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	0800	1400	1800			
TYPE	T 2 CAL T ENSURE	T 2 CAL 2 ENSURE	T 2 CAL T ENSURE			
VOLUME / TOTAL	600	600 1200	480			
CALORIES / TOTAL	975	975 1950	500 2450			

### NURSING NARRATIVE NOTES

#### AM SHIFT

#### PM SHIFT

12:00 - Assumed care of detainee. Quietly in bed. NAD.	(b)(3):10
1200 - DET LAYING QUIETLY IN BED	(b)(3):10
1300 NAD	(b)(3):10
1600 - DET LAYING QUIETLY IN BED	(b)(3):10 USC
1300 - NAD	(b)(3):10 USC
2000 - Assumed care of detainee. Det. sitting in bed. Feed complete. Flush provided NAD. (b)(3):10 USC §130b,(b)(6)	
2000 - Detainee sleeping in cell. NAD.	(b)(3):10 USC §130b,(b)(6)
LATE ENTRY 2100 Det constipation. Detainee thinks that it is caused by his 70lbft and refuses further 70lbft. Detainee advised to speak to DR M... (b)(3):10 USC §130b,(b)(6)	
2100 - Detainee sleeping in cell. (b)(3):10 USC §130b,(b)(6)	
2300 - Detainee sleeping in cell. (b)(3):10 USC §130b,(b)(6)	
0400 - (b)(3):10 USC §130b,(b)(6)	

WNL = WITHIN NORMAL RANGE. PERFORM WITHIN 2 HOURS OF SHIF START. REASSESS FOR SIGNIFICANT CHANGES.

Parameters		0600 - 2000	2000 - 0600
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 checked="" type="checkbox"/> RIGHT <input type="checkbox"/> LEFT EXCEPTIONS:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED FEEDING TUBE <input checked="" 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 pulse color cap refill, temp. movement and sensation. Exceptions must be documented in narrative.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS:	<input checked="" type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL

(b)(1) Sec 1.4 A

	CORPSMAN SIGNATURE	INITIALS
AM		
PM		

(b)(3):10 USC §130b,(b)(6)

ISSN #

673

Date

1/8/06

WEIGHT

123.3

GTMO JMG 384



Date/Time 1/16 7:25 AM 110/68 97.0 100 \* PAIN

SHACKLE CHECKS: WNL = +2 pulse, 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						
Date/Time						
Date/Time						
Date/Time						

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time <u>1/16 0805</u>		<u>Denies</u>		
Date/Time				
Date/Time				
Date/Time				

INTAKE	0800 - 2000			2000 - 0800		
START / STOP TIME	<u>0800</u>	<u>1400</u>	<u>1800</u>			
TYPE	<u>T 2 CAL</u> <u>TI ENSURE</u>	<u>T 2 CAL</u> <u>TI ENSURE</u>	<u>TI ENSURE</u>			
VOLUME / TOTAL	<u>720</u>	<u>720</u> <u>1440</u>	<u>480</u> <u>1920</u>			
CALORIES / TOTAL	<u>975</u>	<u>975</u> <u>1950</u>	<u>500</u> <u>2450</u>			

**NURSING NARRATIVE NOTES**

AM SHIFT	PM SHIFT
<u>0800 - ASSUMED CARE DET</u>	<u>0800 - Assumed care of Detainee. Det</u>
<u>QUIETLY IN BED. NAD.</u>	<u>resting in bed in NAD. Minus (b)(3):10 USC §130b,(b)(6)</u>
<u>1200 - DET LAYING QUIETLY IN BED</u>	<u>0915 - Detainee c/o allergy and requested</u>
<u>1600 - DET LAYING QUIETLY IN BED. NAD.</u>	<u>1 bottle of liquid benadryl. 5mg provided</u>
	<u>Minus (b)(3):10 USC §130b,(b)(6)</u>
	<u>0930 - Detainee c/o acid reflux. Medicated</u>
	<u>with Alumin Magnesia. Somatid Suspension</u>
	<u>(b)(3):10 USC §130b,(b)(6)</u>
	<u>0940 - Detainee c/o acid reflux. Medicated</u>
	<u>with 1 proton pump tablet. Minus (b)(3):10 USC §130b,(b)(6)</u>
	<u>0945 - Importance of Dolonex explained</u>
	<u>to Detainee. Det. stated "No Problem"</u>
	<u>taking Dolonex pill Po in AM.</u>
	<u>(b)(3):10 USC §130b,(b)(6)</u>

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ADMINISTRATIVE SHEET (MDD FORM 1) PERFORM WITHIN 2 HOURS OF SHIFT START. REASSESS FOR SIGNIFICANT CHANGES.

Parameters		0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 3	<input checked="" type="checkbox"/> WNL REFUSED EXCEPTIONS:	<input checked="" type="checkbox"/> WNL REFUSED EXCEPTIONS:
RESP	WNL = REG RATE / DEPTH / 12-20 BREATHS / MIN	<input checked="" type="checkbox"/> WNL REFUSED EXCEPTIONS:	<input checked="" type="checkbox"/> WNL REFUSED EXCEPTIONS:
CARDIO	WNL = REG RADIAL PULSE 60-100 BPM	<input checked="" type="checkbox"/> WNL REFUSED EXCEPTIONS:	<input checked="" type="checkbox"/> WNL REFUSED EXCEPTIONS:
GI	WNL = Tolerating diet well. No nausea or vomiting. NGT / D-F tube < 50cm extending from nare. Tube able to flush prior to EN infusion.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <u>FEEDING TUBE</u> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT EXCEPTIONS:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <u>FEEDING TUBE</u> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT EXCEPTIONS: <u>RHT</u>
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 pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative	<input checked="" type="checkbox"/> WNL EXCEPTIONS: (b)(1) Sec 1.4 A	<input type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL

CORPSMAN SIGNATURE		INITIALS	(b)(3):10 USC §130b,(b)(6)	LS	
AM					
PM					
ISN #	693	Date	7 Jan 06	WEIGHT	121.8



Date/Time	RRS	HR	B/P	TEMP	O2 SAT	* PAIN
SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations						
Time	(b)(3):10 USC §130b,(b)(6)					0
Initials						
Full VS PRN						
Date/Time	RRS	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time			Refused			0/10
Date/Time			Refused			
Date/Time						
Date/Time						
* PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME		
Date/Time			Demerol			
Date/Time			Demerol			
Date/Time						
Date/Time						

INTAKE	0800 - 2000			2000 - 0800		
	START / STOP TIME	TYPE	VOLUME / TOTAL	START / STOP TIME	TYPE	VOLUME / TOTAL
	0700 0900	Feed TE	750 710	1400 1500	Feed TE	1500 710
			975 975	1800 1900	Feed TE	2250 2925

NURSING NARRATIVE NOTES	
AM SHIFT	PM SHIFT
<p>1000 Documented care of detainees - Detainees compliant with feed &amp; meds - M. H. [redacted]</p> <p>1100 Detainees in 1140</p> <p>1200 Detainees compliant with feed &amp; meds - M. H. [redacted]</p> <p>1300 Det. compliant with feed &amp; meds.</p>	<p>2000 - Documented change in [redacted]</p> <p>2100 - [redacted] - [redacted]</p>
(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)
(b)(3):10 USC	(b)(3):10 USC

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CONCISE SHIFT ASSESSMENT: Perform within 2 hours of shift start. Reassess for significant changes.

Parameters	300 - 2000	2000 - 0800
<b>NEURO</b> WNL = A & O x 3 EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>RESP</b> WNL = REG RATE / DEPTH: 12-20 BREATHS / MIN EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>CARDIO</b> WNL = REG RADIAL PULSE 80-100 BPM EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>GI</b> WNL = Tolerating diet well. No nausea or vomiting. NGT / DHT has < 80cm extending from nare. Tube able to flush prior to EN infusion. EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED    FEEDING TUBE <input type="checkbox"/> RIGHT <input checked="" type="checkbox"/> LEFT EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED    FEEDING TUBE <input type="checkbox"/> RIGHT <input checked="" type="checkbox"/> LEFT EXCEPTIONS: _____
<b>GU</b> WNL = Able to void. No dysuria or retention. EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>SKIN</b> WNL = Skin intact. Inspect nares for damage or lesions. EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>MUSCULO-SKELETAL</b> WNL = Ambulating without assistance. EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>SAFETY</b> WNL = MA / MP in area and patient shackled. ISN number above bed. EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: _____
<b>RESTRAINTS</b> WNL = All shackled or restrained extremities have normal pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative. EXCEPTIONS: _____	<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: _____

AM	CORPSMAN SIGNATURE	INITIALS
PM		

(b)(3):10 USC §130b,(b)(6)

ISN # 693

Date 6 Jan 06

WEIGHT 121.3



Date/Time	PRN	PRN	B/P	TEMP	O2 SAT	PAIN
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SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations

Time	0800	1200	1600	2000		
Initials	(b)(3):10 USC §130b,(b)(6)					
Full VS PRN						

Date/Time						
Date/Time	R	L	R	L	R	L
Date/Time						
Date/Time						

Date/Time	*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
7/2 2000	7		Distal		

INTAKE	0800 - 2000			2000 - 0800		
	START / STOP TIME	0800	1400	1800		
TYPE	T Z CAL Z ENSURE	T Z CAL Z ENSURE	T ENSURE			
VOLUME / TOTAL	720	720 1440	480 1920			
CALORIES / TOTAL	975	975 1950	500 2450			

NURSING NARRATIVE NOTES

AM SHIFT

PM SHIFT

0800 - ASSUMED CARE DET LADY  
 0900 - DET LADY QUIETLY IN BED NAD (b)(3):10 USC

1200 - DET LADY QUIETLY IN BED NAD (b)(6)

1600 - DET LADY QUIETLY IN BED NAD

2000 - ASSUMED CARE OF DET LADY  
 Det sleep in bed NAD - (b)(3):10 USC  
 2300 - Det. Compliant with Medication  
 0 Pain, 0 complaints - (b)(3):10 USC  
 0410 - 07:00 am to behavior  
 compliance att. (b)(3):10 USC §130b,(b)(6)

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PARAMETERS MUST BE REASSESSED WITHIN 2 HOURS OF SHIFT START. REASSESS FOR SIGNIFICANT CHANGES.

Parameters		0800 - 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 = RFG 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 checked="" type="checkbox"/> LEFT EXCEPTIONS:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED FEEDING TUBE <input type="checkbox"/> RIGHT <input checked="" 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 pulse, color, cap refill, temp, movement and sensation. Exceptions must be documented in narrative.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <input 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: <i>20</i>

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

AM  
PMA  
JPI # *693*

Date *1/5/06*

W/HT *123.7*



Date/Time	RR	HR	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	2355	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 ZCAL 2 ENSURE	2 ENSURE		
VOLUME / TOTAL	120	480 1200		
CALORIES / TOTAL	975	500 <u>1475</u>		

**NURSING NARRATIVE NOTES**

AM SHIFT	PM SHIFT
0800 - Assume care. Det Lamin. (b)(3):10 USC §130b,(b)(6)	2000 - Assume care. Det Lamin. (b)(3):10 USC §130b,(b)(6)
1200 - Det Lamin. Quietly in bed. (b)(3):10 USC §130b,(b)(6)	0020 - Det Lamin. Quietly in bed. (b)(3):10 USC §130b,(b)(6)
1600 - Det Lamin. Quietly in bed. (b)(3):10 USC §130b,(b)(6)	1445 - Det Lamin. Quietly in bed. (b)(3):10 USC §130b,(b)(6)

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start		Assess for significant changes.	
Parameters		0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 5	<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 80-100 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 checked="" type="checkbox"/> LEFT EXCEPTIONS: _____	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED FEEDING TUBE <input type="checkbox"/> RIGHT <input checked="" 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 pulse, color, cap refill, temp movement and sensation. Exceptions must be documented in notes	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <input checked="" type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A

(b)(3):10 USC §130b,(b)(6)	ALS	(b)(3):10 USC §130b,(b)(6)
AM		
PM		

ISN # 693 Date 1/4/06 GTMO JMG 392