

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start, reassess for significant changes.

Parameters		0800 - 2000	2000 - 0800
NEURO	WNL = A & O x 4	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS:
RESP	WNL = RPR 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 50-100 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 w/o N/V, no NGT / DHT has < 50cm extending from nose. Tube able to flush prior to EN infusion.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: FEEDING TUBE <input type="checkbox"/> RIGHT <input checked="" type="checkbox"/> LEFT	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS: FEEDING TUBE <input type="checkbox"/> RIGHT <input checked="" type="checkbox"/> LEFT
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 devices or equipment, extremities to be normal pulse, no cap toft, temp, movement and circulation. Exceptions must be documented.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS:	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> REFUSED EXCEPTIONS:

(b)(1) Sec 1.4 A

STODIAL MEDICAL

NO	CORPSMAN'S SIGNATURE	INITIALS	(b)(3):10 USC §130b,(b)(6)
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Date/Time						
SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation, lact. Document deviations						
Time	0800	1200	1600	2000	2359	0400
Initials	(b)(6)					
Full VS PRN	RR	HR	B/P	TEMP	O2 SAT	* PAIN
Date/Time						
Date/Time	15	75	130/2	98.9	99	2
Date/Time						
Date/Time						
*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME		
Date/Time 1/2 P.M.			dennis			
Date/Time 11/2 P.M.			dennis			
Date/Time						
Date/Time						

INTAKE	0800 - 2000		2000 - 0800	
START / STOP TIME	0800 0910	1400 1500	2200 2300	0600 0700
TYPE	3F	1-2cap 2E	2EWS	72EAL 2EWS
VOLUME / TOTAL	750 750	1500	2175cc	711cc
CALORIES / TOTAL	750 750 975	1125	500 0.075	975cc 1175

NURSING NARRATIVE NOTES	
AM SHIFT	PM SHIFT
0800 Detainee completed feed & med. 11/11/2011	2200 - Arrived change I.S.N # 693
in NAD requested restraints for (b)(3):10 USC §130b,(b)(6)	2300 - 9:00 P.M. Feed began
Feed by Bay since from (b)(3):10 USC §130b,(b)(6)	Feed completed
1200 Detainee in NAD.	Feed began
1400 Detainee completed feed.	Feed complete
1600 Cover med. Compliant	
1900 Det. in NAD.	

I.S.N # 693

COMPREHENSIVE SHIFT ASSESSMENT:

0800 - 2000

2000 - 0800

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 18-20 BR/ATIS / 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 w/ No nausea or vomiting NGT / DHT Pass < 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: DHT
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 provided or appropriate restraints applied pulse, non-injurious, non-restrictive, and documented. Exceptions noted 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 _____

(b)(3):10 USC §130b,(b)(6)

Date/Time	WNL	TEMP	U2 SAI	PAIN
SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm. FROM, sensation intact. Document deviations				
Time	0800	1300	1800	
Initials	(b)(3):10 USC §130b,(b)(6)			
Full VS PRN				
Date/Time				
Date/Time	1/2	81	11/13	96.2
Date/Time				180
Date/Time				0

*PAIN (0-10)	DEGREE	SITE	INTERVENTION	OUTCOME
Date/Time 1/2/06 0800			denies	
Date/Time 1/2/06 1300			denies	
Date/Time				
Date/Time				

INTAKE	0800 - 2000				2000 - 0800			
	0800	0900	1600	1700	0800	0900	1600	1700
START / STOP TIME								
TYPE	3E		3E		3E			
VOLUME / TOTAL		750	750	1500		750		
CALORIES / TOTAL		750	750	1500		750		

NURSING NARRATIVE NOTES	
AM SHIFT	PM SHIFT
<p>2000 Arrived care of detainee. Feeding and medication pump. Detainee denies pain and a S complaints.</p> <p>900 Det. Compliant i feed and med.</p> <p>200 Det. in NAD.</p> <p>600 Det. compliant feed.</p> <p>900 Det. in NAD.</p>	<p>2000 Arrived charge ID# 693</p> <p>2000 - MFR, CPAN</p> <p>0704 - Feed began</p> <p>0800 - Feed complete</p>
(b)(3):10 USC §130b,(b)(6)	(b)(3):10 USC §130b,(b)(6)

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start, reassess 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 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 type="checkbox"/> RIGHT <input type="checkbox"/> LEFT EXCEPTIONS: DHT
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: exposed skin intact
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 type="checkbox"/> CUSTODIAL <input type="checkbox"/> MEDICAL EXCEPTIONS: (b)(1) Sec 1.4 A

	CORPSMAN SIGNATURE	INITIALS	(b)(3):10 USC §130b,(b)(6)
AM			
PM			

ISN # 693

Date 01 JAN 06

WEIGHT 122.6
GTMO JMG 398

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME

DRUG ORDERS

DOCTOR'S SIGNATURE

NURSE'S SIGNATURE

START STOP RX

21 MAR 06 0730

RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING

Place Detainee in (b)(1)

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 every 4 hours.

Offer restroom and fluids every 2 hours

Initiate Restraint Observation Checklist

(Orders to be signed by Licensed Individual)

(b)(3):10 USC §130b,(b)(6)

1 hour of restraints)

INITIATION OF RESTRAINTS - MEDICAL

Reason for Restraint: Medical Necessity

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 will be observed if he eats, that involuntary

feeding in medical restraints will no longer be used.

(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

WAB am

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
3/27/14 @ 1000	<p>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE</p> <p>Detainee placed in (b)(1) Sec Reason for Restraint: <u>Medical Necessity</u></p> <p>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).</p> <p style="text-align: right;">GITMO Nurse (b)(3):10 USC §130b,(b)(6)</p>
3/27/14 @ 1000	<p>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</p> <p>Indication: Malnutrition; hunger strike</p> <p>Under local anesthesia (viscous lidocaine, 2%), a <u>10 F / 12 F</u> enteral feeding tube was inserted in the <u>R / L</u> 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 <u>without complication</u>.</p> <p style="text-align: right;">GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)</p>
3/29/14 @ 1200	<p>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</p> <p>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 <u>1200</u>. Detainee had / did not have physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode.</p> <p style="text-align: right;">GITMO Nurse (b)(3):10 USC</p>

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: 3/27/14 Limb Restrained: Left arm Time In: 1005 Time Out: 1200 Limb Restrained: Left leg Time In: 1005 Time Out: 1200
Right arm 1008 1200 Right leg 1008 1200

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. 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)* |
| *Minimal Time Requirements | | | |
| Q. Other: See Notes (SF 509) | | | |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
0000			0600			1200		(b)(3):	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	(b)(3):10 USC §130b, b(6)		Signature		Initials	

693 am