

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

NA-1805SP01 (REV) 12/11/04

Date: 3/25/12

Limb Restrained: Left arm Time In: 1300 Time Out: 1500

Right arm Time In: 1300 Time Out: 1500

Limb Restrained: Left leg Time In: 1300 Time Out: 1500

Right leg Time In: 1300 Time Out: 1500

- Observation: (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. Disrobing                     |
| 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			1800		
0015			0615			1215			1815		
0030			0630			1230			1830		
0045			0645			1245			1845		
0100			0700			1300	112 JPK	(b)(3)	1900		
0115			0715			1315	112 JPK	):10	1915		
0130			0730			1330	112 JPK	USC	1930		
0145			0745			1345	112 JPK	§130	1945		
0200			0800			1400	112 JPK	b,(b)	2000		
0215			0815			1415	112 JPK	(6)	2015		
0230			0830			1430	112 JPK		2030		
0245			0845			1445	112 JPK		2045		
0300			0900			1500	112 JPK		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)		Initials:			

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME		DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP		
28 March 07 07:30		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>	
		Place Detainee in <b>(b)(1) Sec</b>	
		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 immediately after restraints and every 1 hour.	
		Offer restroom and fluids every 2 hours	
		Initiate Restraint Observation Checklist	
		(Orders to be signed by Licensed Independent <b>(b)(3):10 USC § 130b,(b)(6)</b> within 1 hour of restraints)	
		GITMO	
		<b>INITIATION OF RESTRAINTS -- MEDICAL</b>	
		Reason for Restraint: Medical Necessity for Feeding	
		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 understands that if he eats, that involuntary feeding in medical restraints will no longer <b>(b)(3):10 USC § 130b,(b)(6)</b>	
		GITMO	

(continues on reverse)

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

693 an

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 3/25/12

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	<u>0800</u>	<u>0955</u>	Left leg	<u>0800</u>	<u>0955</u>
Right arm	<u>0800</u>	<u>0955</u>	Right leg	<u>0800</u>	<u>0955</u>

Observation: (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. Disrobing                     |
| 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			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	WJDK	(b)(3)	1400			2000		
0215			0815	WJDK	:10	1415			2015		
0230			0830	WJDK	USC	1430			2030		
0245			0845	WJDK	§130	1445			2045		
0300			0900	WJDK	b,(b)(	1500			2100		
0315			0915	WJDK	6)	1515			2115		
0330			0930	WJDK		1530			2130		
0345			0945	WJDK		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		

(b)(3):10 USC  
§130b.(b)(6)

693 am

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME

RX

DRUG ORDERS

DOCTOR'S SIGNATURE

NURSE'S SIGNATURE

24 Nov 06  
0730

RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING

Place Detainee in (b)(1) Sec

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 immediately after restraints and every 1 hour.

Offer restroom and fluids every 2 hours

Initiate Restraint Observation Checklist

(Orders to be signed by Licensed Independent

GITMO

(b)(3):10 USC §130b,(b)(6)

within 1 hour of restraints)

INITIATION OF RESTRAINTS -- MEDICAL

Reason for Restraint: Medical Necessity for

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 understands that if he eats, that involuntary

feeding in medical restraints will no longer

GITMO

(b)(3):10 USC §130b,(b)(6)

(continue on reverse)

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

AB pm

**RESTRAINT OBSERVATION SHEET**  
 U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 3/21/03      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:  
 Left arm      \_\_\_\_\_      \_\_\_\_\_      Left leg  
 Right arm      \_\_\_\_\_      \_\_\_\_\_      Right leg      \_\_\_\_\_      \_\_\_\_\_

Observation: (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. Disrobing                     |
| 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			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	Signature		Initials	Signature		Initials

6:33pm

*[Handwritten signature]*  
 not full due to late afternoon - poor  
 work conditions between guard staff and subject  
 in the late pm

b(3)-10 USC §1305(b)(6)

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME	RX	DRUG ORDERS	DOCTOR'S SIGNATURE / NURSE'S SIGNATURE
START	STOP		
4/11/06		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>	
0730		Place Detainee in <b>(b)(1) Sec</b>	
		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 immediately after restraints and every 1 hour.	
		Offer restroom and fluids every 2 hours	
		Initiate Restraint Observation Checklist	
		(Orders to be signed by Licensed Independent <b>(b)(3):10 USC §130b,(b)(6)</b> within 1 hour of restraints)	
		<b>INITIATION OF RESTRAINTS -- MEDICAL</b>	
		Reason for Restraint: Medical Necessity for Feeding	
		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 understands that if he eats, that involuntary feeding in medical restraints will no longer be	
		<b>(b)(3):10 USC §130b,(b)(6)</b>	

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME--last, first, middle, gender, rank, rate, hospital or medical facility)

REGISTER NO. WARD NO.

DOCTOR'S ORDERS MEDICAL RECORD

6/13 am

MEDICAL RECORDS DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/24/04 @ 1400	<p><b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</b></p> <p>Detainee placed in <b>(b)(1) Sec</b> 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>(b)(3):10 USC §130b,(b)(6)</b></p>
3/24/04 @ 1400	<p><b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b></p> <p>Indication: Malnutrition; hunger strike</p> <p>Under local anesthesia (viscous lidocaine, 2%), a <u>10 F</u> / <u>12 F</u> enteral feeding tube was inserted in the <u>R</u> / <u>L</u> nostril using standard procedure. A stylet was <u>not used</u>.</p> <p>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>(b)(3):10 USC §130b,(b)(6)</b></p>
3/24/04 @ 1400	<p><b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b></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>1630</u>. Detainee had <u>did not have</u> physical injury from the restraint episode. Detainee reported the following problems <u>related to the restraint episode</u>.</p> <p style="text-align: right;">GITMO Nurse <b>(b)(3):10 USC §130b,(b)(6)</b></p> <p style="text-align: center;"><small>(continue on reverse)</small></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

NAVHQPPTMCHD1 (Rev. 1/80)

Date: 3/24/04

Limb Restrained:  
Left arm  
Right arm

Time In: 1430  
1430

Time Out: 1630  
1630

Limb Restrained:  
Left leg  
Right leg

Time In: 1430  
1430

Time Out: 1630  
1630

- Observation: (every 15 minutes)\*. Select the appropriate codes and initial each entry.
- |                            |                          |                                   |
|----------------------------|--------------------------|-----------------------------------|
| 1. Line of sight           | 7. Talking               | 13. Quiet                         |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping                      |
| 3. Yelling or screaming    | 9. Standing              | 15. Requesting release            |
| 4. Cursing                 | 10. Walking or pacing    | 16. Harmful to self               |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff             |
| 6. Laughing                | 12. Sitting              | 18. Assaultive                    |
|                            |                          | 19. Crawling                      |
|                            |                          | 20. Noncommunicative              |
|                            |                          | 21. Destructive Behavior          |
|                            |                          | 22. Disrobing                     |
|                            |                          | 23. Urinating/defecating on floor |
|                            |                          | 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
0900			0600			1200			1800		
0915			0615			1215			1815		
0930			0630			1230			1830		
0945			0645			1245			1845		
1000			0700			1300			1900		
1015			0715			1315			1915		
1030			0730			1330			1930		
1045			0745			1345			1945		
1100			0800			1400			2000		
1115			0815			1415			2015		
1130			0830			1430	112 JK	(b)(3)	2030		
1145			0845			1445	112 JK	:10	2045		
1200			0900			1500	112 JK	USC	2100		
1215			0915			1515	112 JK	§130	2115		
1230			0930			1530	112 JK		2130		
1245			0945			1545	112 JK	b,(b)(	2145		
1300			1000			1600	112 JK	6)	2200		
1315			1015			1615	112 JK		2215		
1330			1030			1630	112 JK		2230		
1345			1045			1645			2245		
1400			1100			1700			2300		
1415			1115			1715			2315		
1430			1130			1730			2330		
1445			1145			1745			2345		
Signature		Initials	Signature		Initials	(b)(3):10 USC §130b,(b)(6)					



MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
3/11/06	0500		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>		
			Place Detainee in <b>(b)(1) Sec</b>		
			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 immediately after restraints and every 1 hour.		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Independent Practitioner (LIP) within 1 hour of restraints)		
			<b>INITIATION OF RESTRAINTS -- MEDICAL</b>		
			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 understands that if he eats, that involuntary feeding in medical restraints will no longer be		
			GITMO		

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(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

WJ3

MEDICAL RECORD	PROGRESS NOTES (Sign all orders)
DATE AND TIME	
3/23/06 0835	<p><b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</b></p> <p>Detainee placed in (b)(1) 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>
3/23/06 0835	<p><b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b></p> <p>Indication: Malnutrition; hunger strike</p> <p>Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was inserted in the <u>R/L</u> nostril using standard procedure. A stylet was <u>was not used</u>. Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure <u>without complications</u></p> <p style="text-align: right;">GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)</p>
3/23/06 1035	<p><b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b></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 1035. Detainee had <u>did not have</u> 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 §130b,(b)(6)</p>

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle, grade, rank; rate; hospital or medical facility)

693

PROGRESS NOTES  
Medical Record