

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

NAVSUBSPT 010077 (201) 0016

Date: 3/23/06

Limb Restrained: Time In: Time Out:
 Left arm: 0835 1035
 Right arm: 0835 1027

Limb Restrained: Time In: Time Out:
 Left leg: 0835 1035
 Right leg: 0835 1032

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	(b)(3):1		1430			2030		
0245			0845	(b)(3):1		1445			2045		
0300			0900	0		1500			2100		
0315			0915	US		1515			2115		
0330			0930	US		1530			2130		
0345			0945	C		1545			2145		
0400			1000	§13		1600			2200		
0415			1015	Ob,(b)(6)		1615			2215		
0430			1030	(b)(6)		1630			2230		
0445			1045			1645			2245		
0500			1100			1700			2300		
0515			1115			1715			2315		
0530			1130			1730			2330		
0545			1145			1745			2345		
Signature:	(b)(3):10 USC §130b,(b)(6)			Signature:	Initials:	Signature:	Initials:	Signature:	Initials:	Signature:	Initials:

693

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	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 (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)		
			INITIATION OF RESTRAINTS		
			Reason for Restraint		
			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)(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.

WAB

DOCTOR'S ORDERS
MEDICAL RECORD

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 3/23/06

Limb Restrained: Left arm: <u>1430</u> Right arm: <u>1430</u>	Time In: <u>1430</u> <u>1430</u>	Time Out: <u>1600</u> <u>1600</u>	Limb Restrained: Left leg: <u>1430</u> Right leg: <u>1430</u>	Time In: <u>1430</u> <u>1430</u>	Time Out: <u>1600</u> <u>1600</u>
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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 309) |

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. Pw/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |
| *Minimal Time Requirements | | | Q. Other: See Notes (SF 309) |

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	1, 2, 13, 15, 16		2030		
0245			0845			1445	1, 17, 18		2045		
0300			0900			1500	1, 2, 13		2100		
0315			0915			1515	1, 2, 13, 15, 16		2115		
0330			0930			1530	1, 2, 13		2130		
0345			0945			1545	1, 2, 13		2145		
0400			1000			1600	1, 2, 13, 15, 16		2200		
0415			1015			1615	1, 2, 13, 15, 16		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)					

6093

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME			DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP	RX			
			RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
2011/07/30			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 Practitioner)		
11/22/11			(b)(3):10 USC §130b, (b)(6)		
			(b)(3):10 USC §130b, (b)(6)		
			INITIATION OF RESTRAINTS -- MEDICAL NECESSITY		
			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 necessary.		
			(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

MEDICAL RECORD DATE AND TIME	<p style="text-align: center;">PROGRESS NOTES (Sign all orders)</p>
	<p style="text-align: center;">INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</p>
<p><i>22 MAR 06</i></p>	<p>Detainee placed in (b)(1) Sec Reason for Restraint: <u>Medical Necessity</u></p>
<p><i>01455</i></p>	<p>Detainee was advised by the Medical Staff that hunger striking is detrimental to his health.</p>
	<p>His behavior is due to his refusal to eat and not due to mental status change or illness.</p>
	<p>Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered</p>
	<p>food at every meal, yet he refuses to eat. Because the</p>
	<p>detainee refuses to eat, restraints were initiated for medical necessity for feeding.</p>
	<p>Detainee will be observed continually and he will be reminded of how his behavior must</p>
	<p>change (he must eat voluntarily) to avoid the use of medical restraints for present</p>
	<p>and future feedings. Detainee was told that he will remain in medical</p>
	<p>restraints until feed and post feed observation (60-120 minutes). (b)(3):10</p>
	<p style="text-align: right;">USC</p>
	<p style="text-align: center;">GITMO Nurse</p>
	<p style="text-align: center;">PROCEDURE NOTE: INSERTION OF FEEDING TUBE</p>
<p><i>22 MAR 06</i></p>	<p>Indication: Malnutrition; hunger strike</p>
<p><i>01455</i></p>	<p>Under local anesthetic (viscous lidocaine, 2% (b)(3):10) <u>12 F e</u> feeding tube was</p>
	<p>inserted in the <u>X</u> (b)(3):10 nostril using standard procedure. A stylet (b)(3):10 was not used.</p>
	<p>Patient tolerated the procedure well. Placement in stomach was confirmed by</p>
	<p><u>insufflation and test dose of water</u>. Successful procedure without complication. (b)(3):10</p>
	<p style="text-align: right;">USC</p>
	<p style="text-align: center;">GITMO Dr. / Nurse</p>
	<p style="text-align: center;">DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</p>
<p><i>22 MAR 06</i></p>	<p>Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding</p>
<p><i>01455</i></p>	<p>and was released from restraints and returned to his cell in good condition. Detainee was</p>
	<p>released from restraints at <u>1630</u> Detainee (b)(3):10 did not have physical injury from the restraint</p>
	<p>episode. Detainee reported the following problems related to the restraint episode (b)(3):10</p>
	<p style="text-align: right;">USC</p>
	<p style="text-align: center;">GITMO Nurse</p>

(continue on reverse side)

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

PROGRESS NOTES
Medical Record

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

Date: 22 MAR 07 Limb Restrained: Time In: Time Out: Limb Restrained: Time In: Time Out:

 Left arm 1455 1650 Left leg 1455 1650

 Right arm 1455 1650 Right leg 1455 1650

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. Stumbling 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
0600			0600			1200			1800		
0615			0615			1215			1815		
0630			0630			1230			1830		
0645			0645			1245			1845		
0700			0700			1300			1900		
0715			0715			1315			1915		
0730			0730			1330			1930		
0745			0745			1345			1945		
0800			0800			1400			2000		
0815			0815			1415			2015		
0830			0830			1430			2030		
0845			0845			1445			2045		
0900			0900			1500			2100		
0915			0915			1515			2115		
0930			0930			1530			2130		
0945			0945			1545			2145		
1000			1000			1600			2200		
1015			1015			1615			2215		
1030			1030			1630			2230		
1045			1045			1645			2245		
1100			1100			1700			2300		
1115			1115			1715			2315		
1130			1130			1730			2330		
1145			1145			1745			2345		
Signature		Initials	Signature		Initials	Signature		Initials	Signature		Initials
(b)(3):10 USC §130b (b)(6)											

Adapted from...

693

DOCTOR'S ORDERS

(Sign all orders)

MEDICAL RECORD

DATE AND TIME

START STOP

RX

DRUG ORDERS

DOCTOR'S SIGNATURE

NURSE'S SIGNATURE

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 Individual)

(b)(3):10 USC §130b,(b)(6)

within 1 hour of restraints)

INITIATION OF RESTRAINTS -- ME

Reason for Restraint: Medical Necessity

Despite being advised that hunger strikes are harmful to 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 used.

(b)(3):10 USC §130b,(b)(6)

GI

(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

693

PROGRESS NOTES
(Sign all orders)

MEDICAL RECORD
DATE AND TIME

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

22 MAR 2010
P 0833

Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity

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 med (b)(3):10 USC

restraints until feed and post feed observation (60-120 minutes). §130b,(b)(6)

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

22 MAR 2010
P 0833

Indication: Malnutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 12 F enteral feeding tube was

inserted in the (b)(3):10 nostril using standard procedure. A styl (b)(3):10 was not used.

Patient tolerated the procedure well. Placement in stomach was confirmed by

insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

22 MAR 2010
P 1025

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 1025. Detainee (b)(3):10 did not have physical injury from the restraint

episode. Detainee reported the following problems related to the restraint episode.

GITMO Nurse

(continue on reverse side)

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

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PROGRESS NOTES
Medical Record

STANDARD FORM 100 (REV. 7-91)
Prescribed by GSA/GMP, FPMR (41CFR)

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 22 Oct 76 Limb Restrained: Time In: Time Out: Limb Restrained: Time In: Time Out:

Left arm 0833 1025 Left leg 0833 1025

Right arm 0833 1025 Right leg 0833 1025

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

*Minimal Time Requirements

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	<u>112, I, K</u>	(b)(3)	1445			2045		
0300			0900	<u>112, I, K</u>	:10	1500			2100		
0315			0915	<u>112</u>	USC	1515			2115		
0330			0930	<u>112</u>	\$130	1530			2130		
0345			0945	<u>112, I, K</u>	b, (b)(6)	1545			2145		
0400			1000	<u>112</u>		1600			2200		
0415			1015	<u>112</u>		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)					

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