

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

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 (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)

GITMO

INITIATION OF RESTRAINTS - MEDICAL

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

GITMO

(continue on reverse side)

REGISTER NO.

WARD NO.

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

DOCTOR'S ORDERS  
MEDICAL RECORD

1093 am

PROGRESS NOTES

(Sign all orders)

MEDICAL RECORD

DATE AND TIME

3/8/04

0850

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY-- NURSING NOTE

Detainee placed in (b)(1) 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 medical

restraints until feed and post feed observation (60-120 minutes).

GITMO Nurse (b)(3):10 USC §130b,(b)(6)

3/8/04

0850

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Malnutrition; hunger strike

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

inserted in the R / L 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 without complications.

GITMO Dr. / Nurse

3/8/04

0850

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE

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 10:00. Detainee had / did not have physical injury from the restraint

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

GITMO Nurse (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)

PROGRESS NOTES

Medical Record

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME	RX	DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP		NURSE'S SIGNATURE
8:00 AM		<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>	
07:17		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> (LIP) 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 be <b>(b)(3):10 USC §130b,(b)(6)</b>	
		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

6:43 am

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 3/2/11

Limb Restrained:	Time In:	Time Out:	Limb Restrained:	Time In:	Time Out:
Left arm	<u>0800</u>	<u>1000</u>	Left leg	<u>0850</u>	<u>1000</u>
Right arm	<u>0850</u>	<u>1000</u>	Right leg	<u>0850</u>	<u>1000</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			1400			2000		
0215			0815			1415			2015		
0230			0830			1430			2030		
0245			0845			1445			2045		
0300			0900	UDT/K	(b)(3): 10	1500			2100		
0315			0915	NR/TK	USC	1515			2115		
0330			0930	UDT/K	§130b,	1530			2130		
0345			0945	UDT/K	(b)(6)	1545			2145		
0400			1000	UDT/K		1600			2200		
0415			1015	NR/TK		1615			2215		
0430			1030	NR/TK		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)					

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME	RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
10/20/06				
7:30 AM				
500				
<b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>				
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 (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints)				
DATE: 10/20/06 1530		GITMO Dr		
<b>INITIATION OF RESTRAINTS - MEDICAL C</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				
		GITM		

(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

MEDICAL RECORD		PROGRESS NOTES (Sign all orders)	
DATE AND TIME			
		<b>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE</b>	
07 MAR 06 C 1545	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 medical		
	restraints until feed and post feed observation (60-120 minutes).		(b)(3):10 USC §130b,(b)(6)
	GITMO Nurse		
	<b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b>		
07 MAR 06 C 1545	Indication: Mainutrition; hunger strike		
	Under local anesthesia (viscous lidocaine, 2%),	(b)(3):10 USC	F1 V12 F enteral feeding tube was
	inserted in the (b)(3):10 USC nostril using standard procedure. A style (b)(3):10 USC	was not used.	
	Patient tolerated the procedure well. Placement in stomach was confirmed by		
	insufflation and test dose of water.		(b)(3):10 USC
	Successful procedure without complications.		
	GITMO Dr. / Nurse		
	<b>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</b>		
07 MAR 06 C 1730	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 (b)(3):10 USC	Detainee did not have physical injury from the restraint	
	episode. Detainee reported the following problems related to the restraint episode.		(b)(3):10 USC §130b (b)(6)
	GITMO Nurse		

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

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Name: D. J. M. R. D.      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:

Left arm      1545      1730      Left leg      1545      1730

Right arm      1545      1730      Right leg      1545      1730

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)* | L. 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	(b)(3):10 USC §130b,(b)(6)					

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MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

DATE AND TIME

APT STOP RX

DRUG ORDERS

DOCTOR'S SIGNATURE

NURSE'S SIGNATURE

2/11/06  
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 by Licensed Independent (b)(3):10 USC §130b,(b)(6) LIP) within 1 hour of restraints)

DR. [Signature]

(b)(3):10 USC §130b,(b)(6)

GITMO D

(b)(3):10 USC §130b,(b)(6)

INITIATION OF RESTRAINTS - MEDICAL

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

GITMO D

(b)(3):10 USC §130b,(b)(6)

(continues 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

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MEDICAL RECORD DATE AND TIME	PROGRESS NOTES (Sign all orders)
3/10/06 C 1338	<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). <b>(b)(3):10 USC §130b,(b)(6)</b></p> <p style="text-align: center;">GITMO Nurse</p>
3/10/06 C 1335	<p><b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b></p> <p>Indication: Malnutrition; hunger strike <b>(b)(3):10 USC §130b,(b)(6)</b></p> <p>Under local anesthesia (viscous lidocaine, 2%) <b>(b)(3):10 USC §130b,(b)(6)</b> a <b>(b)(3):10 USC §130b,(b)(6)</b> nteral feeding tube was inserted in the <b>(b)(3):10 USC §130b,(b)(6)</b> nostril using standard procedure. A stylet <u>was</u> <u>was not used</u>.</p> <p>Patient tolerated the procedure well. Placement in stomach was confirmed by <u>insufflation and test dose of water</u>. Successful procedure without complications. <b>(b)(3):10 USC</b></p> <p style="text-align: center;">GITMO Dr. / Nurse</p>
3/10/06 C 1522	<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>5:30</u>. Detainee <u>did not have</u> physical injury from the restraint episode. Detainee reported the following problems related to the restraint episode. <b>(b)(3):10 USC</b></p> <p style="text-align: center;">GITMO Nurse</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

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Gunnaraburg Bay, Cuba

Date: 12/11/80      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:

1338      Left arm      1338      1500      Left leg      1338      1500

1338      Right arm      1338      1500      Right leg      1338      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. Discrobing                    |
| 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:	(b)(3):10 USC §130b,(b)(6)					

693