

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

Date: 3/1/02      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:

Left arm:      1340      1530      Left leg:      1340      1530

Right arm:      1340      1530      Right leg:      1340      1530

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 |
|------|------|----------|------|------|----------|------|------------|----------|------|------|----------|
| 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 | I, R, J, K | (b)(3):1 | 1945 |      |          |
| 0800 |      |          | 0800 |      |          | 1400 | I, R, J, K | 0 USC    | 2000 |      |          |
| 0815 |      |          | 0815 |      |          | 1415 | I, R, J, K | \$130b,( | 2015 |      |          |
| 0830 |      |          | 0830 |      |          | 1430 | I, R, J, K | b)(6)    | 2030 |      |          |
| 0845 |      |          | 0845 |      |          | 1445 | I, R, J, K |          | 2045 |      |          |
| 0900 |      |          | 0900 |      |          | 1500 | I, R, J, K |          | 2100 |      |          |
| 0915 |      |          | 0915 |      |          | 1515 | I, R, J, K |          | 2115 |      |          |
| 0930 |      |          | 0930 |      |          | 1530 | I, R, J, K |          | 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 AM

| MEDICAL RECORD   |      |    | DOCTOR'S ORDERS<br>(Sign all orders)  |                    |                   |
|------------------|------|----|---|--------------------|-------------------|
| DATE AND TIME    |      | RX | DRUG ORDERS   | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START            | STOP |    |   |                    |                   |
|                  |      |    | <b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>  |                    |                   |
| 1 Mar 06<br>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> GITMO <b>(b)(3):10 USC §130b,(b)(6)</b> (IP) 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 re <b>(b)(3):10 USC §130b,(b)(6)</b>  |                    |                   |
|                  |      |    | <b>GitMO Dr</b>   |                    |                   |

(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

*Q3 AM*

| MEDICAL RECORD<br>DATE AND TIME | <p align="center"><b>PROGRESS NOTES</b><br/>(Sign all orders)</p>   |
|---------------------------------|---|
| <p>3/1/06<br/>@ 0830</p>        | <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 align="right">GITMO Nurse (b)(3):10 USC §130b,(b)(6)</p> |
| <p>3/1/06<br/>@ 0835</p>        | <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 / <del>12</del> 12 F enteral feeding tube was inserted in the <del>R</del> / L nostril using standard procedure. A stylet was <u>was not used</u>.</p> <p>Patient tolerated the procedure well. Placement in stomach was confirmed by insufflation and test dose of water. Successful procedure <del>without complications</del>.</p> <p align="right">GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)</p>  |
| <p>3/1/06<br/>@ 0840</p>        | <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>1000</u>. 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 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)

PROGRESS NOTES  
Medical Record

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

Date: 01 April 06      Limb Restrained:      Time In:      Time Out:      Limb Restrained:      Time In:      Time Out:

Left arm      0830      1130      Left leg      0830      1030

Right arm      0830      1030      Right leg      0830      1030

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 |
|-----------|----------|-----------|----------|----------------------------|----------|------|------|----------|------|------|----------|
| 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     |                            | (b)(3):  | 1415 |      |          | 2015 |      |          |
| 0830      |          |           | 0830     | 112 JIK                    | 10       | 1430 |      |          | 2030 |      |          |
| 0845      |          |           | 0845     | 112 JIK                    | USC      | 1445 |      |          | 2045 |      |          |
| 0900      |          |           | 0900     | 112 JIK                    | §130b    | 1500 |      |          | 2100 |      |          |
| 0915      |          |           | 0915     | 112 JIK                    | (b)(6)   | 1515 |      |          | 2115 |      |          |
| 0930      |          |           | 0930     | 112 JIK                    |          | 1530 |      |          | 2130 |      |          |
| 0945      |          |           | 0945     | 112 JIK                    |          | 1545 |      |          | 2145 |      |          |
| 1000      |          |           | 1000     | 112 JIK                    |          | 1600 |      |          | 2200 |      |          |
| 1015      |          |           | 1015     | 112 JIK                    |          | 1615 |      |          | 2215 |      |          |
| 1030      |          |           | 1030     | 112 JIK                    |          | 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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| PROGRESS NOTES<br>(Sign all orders) |  |
|-------------------------------------|--|
| MEDICAL RECORD                      |  |
| DATE AND TIME                       |  |
| 2/15/06<br>C 0750                   | <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;">(b)(3):10 USC §130b,(b)(6)</p> <p style="text-align: center;">GITMO Nurse</p> |
|                                     | <p><b>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</b></p> <p>Indication: Malnutrition; hunger strike</p> <p>Under local anesthesia (viscous lidocaine, 2%) <b>(b)(3):10 USC</b> 12 F enteral feeding tube was inserted in the <b>(b)(3):10 USC</b> nostril using standard procedure. A stylet <b>(b)(3):10 USC</b> was not used. Patient tolerated the procedure well. Placement in stomach was confirmed by <u>insufflation and test dose of water</u>. Successful procedure without complications.</p> <p style="text-align: right;">(b)(3):10 USC</p> <p style="text-align: center;">GITMO Dr. / Nurse</p>  |
| 2/15/06<br>C 0945                   | <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>10:45</u>. Detainee <b>(b)(3):10 USC</b> 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;">(b)(3):10 USC</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)

593 AM

PROGRESS NOTES  
Medical Record

STANDARD FORM 508 (REV. 7-81)  
Prescribed by GSA/COMPTON FIRM # 410R

GTMO JMG 567

| MEDICAL RECORD        |      |    | DOCTOR'S ORDERS<br>(Sign all orders)  |                    |                   |
|-----------------------|------|----|---|--------------------|-------------------|
| DATE AND TIME         |      | RX | DRUG ORDERS   | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START                 | STOP |    |   |                    |                   |
|                       |      |    | <b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b>  |                    |                   |
| 15 Feb 06             |      |    | 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 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) P) within 1 hour of restraints)   |                    |                   |
| Nurse: 2/15/06 @ 0730 |      |    | (b)(3):10 USC §130b,(b)(6) 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)(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

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RESTRAINT OBSERVATION SHEET

U.S. DEPARTMENT OF JUSTICE

Date: 2/15/04 Left Leg: 8758 Right Leg: 8758 Left Arm: 8945 Right Arm: 8945

Observation: (every 15 minutes) Select the appropriate codes and initial each entry.

- 1. Time of night
- 2. Beating or kicking door
- 3. Yelling or screaming
- 4. Cursing
- 5. Crying
- 6. Laughing
- 7. Talking
- 8. Shouting/roaring
- 9. Striding
- 10. Walking or pacing
- 11. Lying down
- 12. Sitting
- 13. Quiet
- 14. Sleeping
- 15. Repeating words
- 16. Harmful to self
- 17. Flouting staff
- 18. Assaultive
- 19. Crawling
- 20. Noncommunicative
- 21. Destructive Behavior
- 22. Disrobing
- 23. Urinating/defecating on floor
- 24. Other: See Notes (SE 509)

Monitoring/Care Provided: Select the appropriate codes and initial each entry.

- A. Meal offered
- B. Meal refused
- C. Fluids offered (q 2 hr)\*
- D. Fluids refused
- E. Toilet offered (q 2 hr)\*
- F. Toilet refused
- G. Medication accepted
- H. Medication refused
- I. Circulation checks (q 4 hr)\*
- J. ROM (q 2 hr)\*
- K. RN observation (q 2 hr)\*
- L. Physician Visit
- M. Bath/shower (qd)\*
- N. Bath/shower refused
- O. Pt/staff interaction
- P. VS (q 4 hr)\*
- Q. Other: See Notes (SE 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      |      |          | (b)(3)    |                | (b)(3)    | 1330                       |      |          | 1930 |      |          |
| 0745      |      |          | 10        | 1, 12, I, K    | 10        | 1345                       |      |          | 1945 |      |          |
| 0800      |      |          | 0800      | 1, 12, I, K    | USC       | 1400                       |      |          | 2000 |      |          |
| 0815      |      |          | 0815      | 1, 12, I, K, P | \$130     | 1415                       |      |          | 2015 |      |          |
| 0830      |      |          | 0830      | 1, 12, I, K    | b, (b)(6) | 1430                       |      |          | 2030 |      |          |
| 0845      |      |          | 0845      | 1, 12, I, K    |           | 1445                       |      |          | 2045 |      |          |
| 0900      |      |          | 0900      | 1, 12, I, K    |           | 1500                       |      |          | 2100 |      |          |
| 0915      |      |          | 0915      | 1, 12, I, K    |           | 1515                       |      |          | 2115 |      |          |
| 0930      |      |          | 0930      | 1, 12, I, K    |           | 1530                       |      |          | 2130 |      |          |
| 0945      |      |          | 0945      | 1, 12, I, K    |           | 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<br>(Sign all orders)   |                    |                   |
|----------------|------|----|--|--------------------|-------------------|
| DATE AND TIME  |      | RX | DRUGS ORDERS   | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START          | STOP |    |  |                    |                   |
| 15 Feb 06      | 0845 |    | <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)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints)   |                    |                   |
|                |      |    | (b)(3):10 USC §130b,(b)(6) 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 re   |                    |                   |
|                |      |    | (b)(3):10 USC §130b,(b)(6) GITMO Dr.   |                    |                   |

(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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# RESTRAINT OBSERVATION SHEET

15-00000-01 (Rev. 10/15/00)

Date: 2/15/06      Left arm: 1330      Right arm: 1330      Left leg: 1525      Right leg: 1525

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 hitting door | 8. Mumbling incoherently | 14. Sleeping          | 20. Noncommunicative             |
| 3. Yelling or screaming    | 9. Standing              | 15. Repeating phrases | 21. Destructive behavior         |
| 4. Crying                  | 10. Walking or pacing    | 16. Harmful to self   | 22. Dismembering                 |
| 5. Crying                  | 11. Lying down           | 17. Threatening staff | 23. Urinating defecating or flat |
| 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 4 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. P/staff interaction |
| D. Fluids refused            | H. Medication refused       | L. Physician Visit              | P. VS (q 4 hr)*        |
| *Affidavit 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 | (b)(3):10 USC §130b,(b)(6) |          |      |      |          |

#693

| MEDICAL RECORD   |      | DOCTOR'S ORDERS<br>(Sign all orders) |   | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|--|------|--------------------------------------|---|--------------------|-------------------|
| DATE AND TIME  |      | DRUG ORDERS                          |   |                    |                   |
| START  | STOP | RX                                   |   |                    |                   |
| <b>RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING</b> |      |                                      |   |                    |                   |
| 14 FEB 06  |      |                                      | Place Detainee in <b>(b)(1) Sec</b>   |                    |                   |
| 0730   |      |                                      | 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)  |                    |                   |
|  |      |                                      | GITMO D §130b, (b)(6)   |                    |                   |
|  |      |                                      | <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 required.   |                    |                   |
|  |      |                                      | GITMO D §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  
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