

RESTRAINT OBSERVATION SHEET

Date: 4/14
 Unit: 100
 Room: 100
 Patient: 100
 Left arm: 100
 Right arm: 100
 Left leg: 100
 Right leg: 100

- Observations (every 15 minutes)*. Select the appropriate codes and initial each entry.
- | | | | |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Line of sight | 7. Talking | 13. Quiet | 19. Crawling |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping | 20. Noncommunicative |
| 3. Yelling or screaming | 9. Striding | 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 1 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. Postfall interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |
| *Mandatory 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		(b)(3):	1400			2000		
0215			0815		10	1415			2015		
0230			0830		USC	1430			2030		
0245			0845		§130b,	1445			2045		
0300			0900		(b)(6)	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

(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				
03/10/06			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 Practitioner (LIP) within 4 hours of restraints)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
05/06/06			INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE		
			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)(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

693

MEDICAL RECORD	<p style="text-align: center;">PROGRESS NOTES (Sign all orders)</p>
DATE AND TIME	<p>2/18/06</p>
	<p>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE</p>
	<p>Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity</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)</p>
	<p style="text-align: right;">GITMO Nurs (b)(3):10 USC §130b,(b)(6)</p>
	<p>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</p>
	<p>Indication: Malnutrition; hunger strike</p>
	<p>Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 F enteral feeding tube was</p>
	<p>inserted in the R / L nostril using standard procedure. A stylet was / was not used</p>
	<p>Patient tolerated the procedure well. Placement in stomach was confirmed by</p>
	<p>insufflation and test dose of water. Successful procedure without complications</p>
	<p style="text-align: right;">GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6)</p>
	<p>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</p>
	<p>Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding</p>
	<p>and was released from restraints and returned to his cell in good condition. Detainee was</p>
	<p>released from restraints at 1:50 Detainee had / did not have physical injury from the restraint</p>
	<p>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)

PROGRESS NOTES
Medical Record

RESTRAINT OBSERVATION SHEET

1. Name of Patient: [Redacted]

2. Date: 5 FEB 06 3. Time: 1325 4. Location: 1520 5. Reason for Restraint: 1325 6. Initials: 1520

- Observations (every 15 minutes): Select the appropriate codes and initial each entry.
- 1. Line of sight
 - 2. Beating or hitting door
 - 3. Yelling or screaming
 - 4. Crying
 - 5. Laughing
 - 6. Talking
 - 7. Mumbling incoherently
 - 8. Staring
 - 9. Walking or pacing
 - 10. Lying down
 - 11. Sitting
 - 12. Quiet
 - 13. Sleeping
 - 14. Repeating self
 - 15. Harmful to self
 - 16. Threatening staff
 - 17. Assaultive
 - 18. Crawling
 - 19. Noncommunicative
 - 20. Destructive Behavior
 - 21. Digging
 - 22. Urinating defecating on floor
 - 23. Other: See Notes (SF 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. Patient interaction
 - P. VS (q 4 hr)*
 - 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	1325 J, I, K	(b)(3):1	1930			
0145			0745			1345	J, I, K	0 USC	1945			
0200			0800			1400	J, I, K	§130b,(2000			
0215			0815			1415	J, I, K	b)(6)	2015			
0230			0830			1430	J, I, K		2030			
0245			0845			1445	J, I, K		2045			
0300			0900			1500	J, I, K		2100			
0315			0915			1515	J, I, K		2115			
0330			0930			1530	1525 J, I, K		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						2345			
Signature		Initials	(b)(3):10 USC §130b,(b)(6)				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				
2 FEB	06		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 Practitioner (LIP) within 1 hour of restraints)		
			GITMO Dr. (b)(3):10 USC §130b,(b)(6)		
2 FEB			INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE		
			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 Dr. (b)(3):10 USC §130b (b)		

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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

PM

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/26/03 Limb Restraints: Left arm 1830 Time Out: 1930 Right arm 1930 Time Out: 2030

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 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 1 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 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	(b)(3):1		0830			1430			2030		
0245	0 USC		0845			1445			2045		
0300	§130b,(0900			1500			2100		
0315	b)(6)		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	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				
14 FEB	06		RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING		
1400			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 (LIP) within 1 hour of restraints)		
			GITMO Dr. (b)(3):10 USC §130b.(b)(6)		
04 FEB	06		INITIATION OF RESTRAINTS -- MEDICAL OFFICER NOTE		
1400			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 Dr. (b)(3):10 USC §130b.(b)(6)		

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

REGISTER NO. WARD NO.

693

JMG

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD	<p style="text-align: center;">PROGRESS NOTES (Sign all orders)</p>
DATE AND TIME	
<p>4/15/04</p>	<p>INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE</p>
	<p>Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity</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).</p>
	<p style="text-align: center;">GITMO Nurse</p>
	<p>PROCEDURE NOTE: INSERTION OF FEEDING TUBE</p>
	<p>Indication: Malnutrition; hunger strike</p>
	<p>Under local anesthesia (viscous lidocaine, 2%), a <u>10 FT</u> <u>12 F</u> enteral feeding tube was</p>
<p>inserted in the <u>R</u> <u>L</u> nostril using standard procedure. A <u>stylet</u> <u>was</u> <u>not</u> <u>used</u>.</p>	
<p>Patient tolerated the procedure well. Placement in stomach was confirmed by</p>	
<p>insufflation and test dose of water. Successful procedure without complications.</p>	
<p style="text-align: center;">GITMO Dr. (b)(3):10 USC §130b,(b)(6)</p>	
<p>DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE</p>	
<p>Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding</p>	
<p>and was released from restraints and returned to his cell in good condition. Detainee was</p>	
<p>released from restraints at <u>1500</u> Detainee had <u>did not</u> have physical injury from the restraint</p>	
<p>episode. Detainee reported the following problems related to the restraint episode.</p>	
<p style="text-align: center;">(b)(3):10 USC §130b,(b)(6)</p>	

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRY) (Last, first, middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 100 (REV. 7-83)
Prescribed by GSA/GMP, FPMR (41 CFR)

RESTRAINT OBSERVATION SHEET

Case No. 17-00001 by CDE

of 4 Female Case No. 1325 1500 Date of Birth 1370 1520
 Location Right arm 1325 1500 1370 1520

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

- | | | |
|-------------------------|--------------------------|-----------------------------------|
| 1. Line of sight | 7. Talking | 13. Quieter |
| 2. Eating or drinking | 8. Mumbling incoherently | 14. Sleeping |
| 3. Yelling or screaming | 9. Standing | 15. Repeating a phrase |
| 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 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. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |
| | | | 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		(b)(3):1	1930		
0145			0745			1345	1/12, J, K	0 USC	1945		
0200			0800			1400	1/12, J, K	§130b,(2000		
0215			0815			1415	1/12, J, K	b)(6)	2015		
0230			0830			1430	1/12, J, K		2030		
0245			0845			1445	1/12, J, K		2045		
0300			0900			1500	1/12, J, K		2100		
0315			0915			1515	1/12, J, K		2115		
0330			0930			1530	1/12, J, K		2130		
0345			0945			1545	1/12, J, K		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)					

6:30 PM