

MEDICAL RECORD	DOCTOR'S ORDERS (Sign all orders)
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DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
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2 FEB 06
0800

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 06
0800

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)(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.

693

Am

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTES

(Sign all orders)

DATE AND TIME

2 Feb 06

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

(b)(3):10 USC §130b,(b)(6)

GITMO Nurse

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

(b)(3):10 USC §130b,(b)(6)

DISCONTINUATION OF RESTRAINTS NOTE AFTER FEED

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 1120 Detainee had / 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

(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

STANDARD FORM NO. 1007 (4-81) Form used by HHS/ICM/AMC FORM 1007 (4-81)

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

Date: 2 Feb 06 Limb Restrained: Time In: Time Out: Limb Restrained: Time In: Time Out:
 Left arm 0820 1120 Left leg 0920 1120
 Right arm 0820 1120 Right leg 0920 1120

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

- | | | |
|----------------------------|--------------------------|-----------------------------------|
| 1. Line of sight | 7. Talking | 13. Quiet |
| 2. Beating or kicking door | 8. Mumbling incoherently | 14. Sleeping |
| 3. Yelling or screaming | 9. Standing | 15. Requesting release |
| 4. Cursing | 10. Walking or pacing | 16. Harmful to self |
| 5. Crying | 11. Lying down | 17. Threatening staff |
| 6. Laughing | 12. Sitting | 18. Assaultive |
| | | 19. Crawling |
| | | 20. Noncommunicative |
| | | 21. Destructive Behavior |
| | | 22. Disrobing |
| | | 23. Urinating/defecating on floor |
| | | 24. Other: See Notes (SF 509) |

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

- | | | | |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 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. Poststaff 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		
0120			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)					

MEDICAL RECORD		DOCTOR'S ORDERS (Sign all orders)	
DATE AND TIME		DRUG ORDERS	DOCTOR'S SIGNATURE
START	STOP		
FEES	OK	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 and record 15-minute checks while in restraints	
		Circulation Checks every 15 mins for the first hour then every hour.	
		Vital sign checks immediately after restraint and every 4 hours	
		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)	
FEES	OK	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 not evidence that medications or a medical process are contributing to 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.	

(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

AM Feud

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
FEB 13	10:00		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 and record 15-minute checks while in restraints		
			Circulation Checks every 15 mins for the first hour then every hour.		
			Vital sign checks immediately after restraint and every 4 hours		
			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)		
FEB 13	10:00		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 not evidence that medications or a medical process are contributing to 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.		

(See 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.

693

AM Feed

DOCTOR'S ORDERS
MEDICAL RECORD

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

Date: 1 Feb 76 Limb Restrained: Time In: Time Out: Limb Restrained: Time In: Time Out:

Left arm 0845 1015 Left leg 0845 1015

Right arm 0845 1015 Right leg 0845 1015

- 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. Discobing |
| | | 23. Urinating/defecating on floor |
| | | 24. Other: See Notes (SF 509) |

- Monitoring/Care Provided: Select the appropriate codes and initial each entry.
- | | | | |
|-----------------------------|-----------------------------|---------------------------------|------------------------------|
| A. Meal offered | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | F. Toilet refused | J. ROM (q 2 hr)* | N. Bath/shower refused |
| C. Fluids offered (q 2 hr)* | G. Medication accepted | K. RN observation (q 2 hr)* | O. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |
| *Minimal Time Requirements | | | Q. Other: See Notes (SF 509) |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	Time	Code	Initials
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		

(b)(3):
 10 USC
 §130b
 (b)(6)

(b)(3): 10 USC §130b, (b)(6)

Signature: _____ Initials: _____
 Signature: _____ Initials: _____

Address (wrap): _____

693

AM

MEDICAL RECORD			DOCTOR'S ORDERS (Sign all orders)		
DATE AND TIME		RX	DRUG ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE
START	STOP				
1 FEB 06	1400		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 D (b)(3):10 USC §130b,(b)(6)		
1 FEB 06	1400		INITIATION OF RESTRAINTS -- MEDICAL C		
			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 (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.

6931

Am
1429

DOCTOR'S ORDERS
MEDICAL RECORD

MEDICAL RECORD

PROGRESS NOTES

(Sign all orders)

DATE AND TIME

2/1/06

INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE

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).

GITMO Nurse

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

Indication: Mainutrition; hunger strike

Under local anesthesia (viscous lidocaine, 2%), a 10 F / 12 E 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 complication.

(b)(3):10 USC §130b,(b)(6)

GITMO Dr. / Nurse

DISCONTINUATION OF RESTRAINTS NOTE AFTER

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 11:25. Detainee had / 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

(cont)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE

middle, grade, rank, rate, hospital or medical facility)

PROGRESS NOTES

Medical Record

STANDARD FORM 109 (REV. 1-81)
Prescribed by GSA FPMR, 41 CFR 101-11.7

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

Date: 1/30/06 Limbs Restrained: Left arm Time In: 14:09 Time Out: 16:25 Limbs Restrained: Left leg Time In: 14:09 Time Out: 16:25
Right arm 14:09 16:25 Right leg 14:09 16:25

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 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 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					

Handwritten notes in table:
 14:30 J.M.P.
 14:45 J.M.P.
 15:00 J.M.P.
 15:15 J.M.P.
 15:30 J.M.P.
 15:45 J.M.P.
 16:00 J.M.P.
 16:15 J.M.P.
 16:30 J.M.P.
 16:45 J.M.P.

Redaction boxes:
 (b)(3):1
 0 USC §130b,
 (b)(6)
 (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				
31 JAN 14			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 and record 15-minute checks while in restraints		
			Circulation Checks every 15 mins for the first hour then every hour.		
			Vital sign checks immediately after restraint and every 4 hours		
			Offer restroom and fluids every 2 hours		
			Initiate Restraint Observation Checklist		
			(Orders to be signed by Licensed Independent Practitioner (LIP) with authority to sign)		
			(b)(3):10 USC §130b,(b)(6)		
31 JAN 14			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 not evidence that medications or a medical process are contributing to 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.		
			(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.

1450

693

PM Feed

DOCTOR'S ORDERS
MEDICAL RECORD