

RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

Date: 1/21/20 Limb Restrained: None Time Out: 1245 Limb Restrained: None Time Out: 1245
 Left arm: None Right arm: None Left leg: None Right leg: None

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. Singing | 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. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. YS (q 4 hr)* |
| *Minimal Time Requirements | | | Q. Other: See Notes (SF 509) |

Time	Code	Initials	Time	Code	Initials	Time	Code	Initials	
0000			0600			1200	1,12,K	(b)(3)	
0015			0615			1215	1,12,K	:10	
0030			0630			1230	1,12,K	USC	
0045			0645			1245	1,12,K	§130	
0100			0700			1300			
0115			0715			1315			
0130			0730			1330			
0145			0745			1345			
0200			0800			1400			
0215			0815			1415			
0230			0830			1430			
0245			0845			1445			
0300			0900			1500			
0315			0915			1515			
0330			0930			1530			
0345			0945			1545			
0400			1000			1600			
0415			1015			1615			
0430			1030			1630			
0445			1045	1,12,K		1645			
0500			1100	1,12,K		1700			
0515			1115	1,12,K		1715			
0530			1130	1,12,K		1730			
0545			1145	1,12,K		1745			
Signature		Initials	Signature		Initials	(b)(3):10 USC §130b,(b)(6)			

H-693

DATE AND TIME

DATE AND TIME

START STOP FOR

DRUG ORDERS

DOCTOR'S SIGNATURE

PATIENT'S SIGNATURE

24 Jan 16
1315

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):1
LISC

24 Jan 16
1315

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
LISC

(continued 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.

683 PM

DOCTOR'S ORDERS
MEDICAL PL.

DATE AND TIME 	INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE
7/23/2011	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 (b)(3):10
	USC
	§130b.(b)(6)
	PROCEDURE NOTE: INSERTION OF FEEDING TUBE
	Indication: Malnutrition; hunger strike
	Under local anesthesia (viscous lidocaine, 2%), a 10 F <u>12 F</u> enteral feeding tube was
	inserted in the <u>R</u> / <u>L</u> 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. 7 Nurse (b)(3):10
	USC
	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 <u>1935</u> Detainee had / <u>did not</u> have physical injury from the restraint
	episode. Detainee reported the following problems related to the restraint
	GITMO Nurse (b)(3):10
	USC
	§130b.(b)(6)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME--last, first middle; age, race, color; no. in bed or medical facility)

RECEIVED
 7/23/2011

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

Date: 1/20/06 Limb Restrained: Time In: Time Out: Limb Restrained: Time In: Time Out:

Left arm 1736 1936 Left leg 1736 1936
 Right arm 1736 1936 Right leg 1736 1936

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

- | | | | |
|----------------------------|--------------------------|------------------------|-----------------------------------|
| 1. Lurching | 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. Flaming | 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
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	Signature		Initials	Signature		Initials

(b)(3):1
 0 USC
 §130b,
 (b)(6)

(b)(3):

(b)(3):10 USC §130b,(b)(6)

645 AM

19 Jan 06
1329

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):1
0 USC**

19 Jan 06
1329

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**

INFORMATION FOR TYPES OF WRITTEN ENTRIES ONE NAME AND LAST NAME

REGISTER NO. WARD NO.

673/23

1/19/06

DETAINEE IDENTIFICATION (FOR TYPE) OR WRITTEN ENTRIES GIVE NAME, DATE, TIME

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: 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

(b)(3):10 USC §130b,(b)(6)

GITMO Dr

DISCONTINUATION OF RESTRAINTS NOTE

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 8:15. 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

PARENT'S IDENTIFICATION (FOR TYPE) OR WRITTEN ENTRIES GIVE NAME, DATE, TIME

GENERAL OBSERVATION SHEET
 (To be filled out by the observer on the day of the

Observer: 1/14/06 Birth Restriction: Left Date: 18/15
 Observer: 1/14/06 Birth Restriction: Right Date: 18/15

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

- | | | | |
|--------------------------|---------------------------|------------------------|---------------------------------|
| 1. Awake | 7. Talking | 13. Quiet | 19. Crawling |
| 2. Awake or sitting down | 8. Stumbling back/forward | 14. Sleeping | 20. Non-communicative |
| 3. Awake or standing | 9. Standing | 15. Requesting release | 21. Destructive behavior |
| 4. Crying | 10. Walking or poking | 16. Harmful to self | 22. Disrobing |
| 5. Lying | 11. Lying down | 17. Threatening staff | 23. Limiting/defeating on floor |
| 6. Feeding | 12. Soiling | 18. Assaultive | 24. Other: See Notes (SF 709) |

Monitoring Care Provider: 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. Postal interaction |
| D. Fluids refused | H. Medication refused | L. Physician visit | P. VS (q 4 hr)* |
| *Initials/Time Required except | | | |
| Q. Other: See Notes (SF 709) | | | |

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		
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1145			1145			1745			2345		
Notes:	Initials	Signature	Initials	Signature	Initials	(b)(3):10 USC §130b,(b)(6)					

6:43 PM

18 Jan 46
1315

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

GITMO Dr **(b)(3):10 USC**

(b)(3):10 USC §130b,(b)(6)

18 Jan 46
1315

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**

RIGHTS INFORMATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME AND TITLE)

REGISTER NO. WARD NO.

693 PM

4/10/05
1735

UNITED STATES GOVERNMENT
DEPARTMENT OF DEFENSE
MILITARY AND VETERINARY AFFAIRS
MEDICAL CENTER
DISTRIBUTION STATEMENT: UNCLASSIFIED

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

restraints until feed and post feed observation (60-120

GITMO Nurse

(b)(3):10 USC §130b,(b)(6)

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 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 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 1935. Detainee had not had 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)

693

EXPERIMENTAL OBSERVATION SHEET

U.S. Army Medical Research and Development Command, Ft. Detrick, MD

1/11/05

Unit Designation: 1st Lt. P. J. ...

Time: 1735-1935

Time: 1735-1935

Unit Designation: 1st Lt. P. J. ...

Time: 1735-1935

Time: 1735-1935

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

- 1. Awake
- 2. Receiving medical care
- 3. Talking or screaming
- 4. Crying
- 5. Crying
- 6. Laughing
- 7. Talking
- 8. Staring or staring
- 9. Staring
- 10. Walking or pacing
- 11. Lying down
- 12. Sitting
- 13. Quiet
- 14. Sleeping
- 15. Repeating a phrase
- 16. Harmful to self
- 17. Threatening staff
- 18. Assaultive
- 19. Crawling
- 20. Non-communicative
- 21. Destructive behavior
- 22. Disobeying
- 23. Gesticulating or flailing
- 24. Other: See Notes (if any)

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

- A. Meal offered
- B. Meal refused
- C. Fluids offered (q 1 hr)*
- D. Fluids refused
- E. Toilet offered (q 2 hr)*
- F. Toilet refused
- G. Medication accepted
- H. Medication refused
- I. Circulation checks (q 2 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 (if any)

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			Initials			Initials			Initials

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