508-111 NSN 7540-00-634-4121

**MEDICAL RECORD** — **DOCTOR'S ORDERS** (Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | OSCAR BLOCK ADMISSION ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24Feb06 | | 1 | Admit to (b)(2) | | |
| | | 2 | Diagnosis: Malnutrition/Hunger Striker. | | |
| | | 3 | Condition: Stable | | |
| | | 4 | VS: Daily and record. | | |
| | | 5 | Call MO with HR > 100 < 50, SBP > 150 < 90, DBP > 100 < 50 | | |
| | | | RR > 30 < 10, T > 101.5 < 97.0 | | |
| | | 6 | Allergies: NKDA | | |
| | | 7 | Activity: per Guard Force protocol. | | |
| | | 8 | Diet: per transfer diet OR: 3 cans 2cal + 1 can | | |
| | | | Boost (+) + Jevity 1.0 + 1890cc $H_2O$ = 2035 kcal | | |
| | | 9 | Labs: 84g protein | | |
| | | | Basic Metabolic Panel, Ca, Mg, Phos, LFTs, and CBC on Monday 2/27/06 | | |
| | | 10 | Weight: upon admission and then daily and record. | | |
| | | 11 | Nursing/HM (b)(2) medical personnel. | | |
| | | 12 | Rx: 1. Reglan (liquid) 10 mg with each enteral feeding. | | |
| | | | 2. Magnesium Citrate, 10 ml with each enteral feeding. | | |
| | | 13 | DHT for enteral feeding. Cleanse and store per protocol. Replace q30 days. | | |
| | | 14 | Get detainee's pre-(b)(2) medical chart and incorporate into | | |
| | | | current (b)(2) medical chart. | | |
| | | 15 | If Detainee choses to eat, begin with BRAT diet x3; then advance to Soft Mechanical Diet x3; | | |
| | | | Then advance to regular diet. | | |
| | | 16 | Claritin 10mg po daily | | |
| | | 17 | Normal Saline (sea soft nasal mist) 5-10 drops in each nostril bid | | |
| | | 18 | Flonase 2 sprays each nostril BID | | |
| | | | JTF GTMO | | |

(b)(3):10 USC §130b,(b)(6)

(continue on reverse)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE N middle, grade, rank, rate, hospital or medical fa | REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

692

STANDARD FORM 508 (Rev. 3-94)
Prescribed by SECNAVINST 5241.2B; 29 CFR 1910.1020-1

SSS-111 NSN 7540-00-634-4125

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | OSCAR BLOCK ADMISSION ORDERS CON'T | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 4 Feb 06 | | 19 | Sudafed 60 mg po TID x 3 days | | |
| | | 20 | Start Diet on 2/25/06. | | |
| | | | JTF GTMO (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.

DOCTOR'S ORDERS
MEDICAL RECORD

603

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-6.202-1

COMPREHENSIVE SHIFT ASSESSMENT: Perform within 2 hours of shift start, redoes for significant changes

| | Parameters | 0800 - 2000 | 2000 - 0800 |
|---|---|---|---|
| NEURO | WNL = A & O x 3 | X WNL ☐ REFUSED<br>EXCEPTIONS: | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| RESP | WNL = REG RATE / DEPTH 12-20 BREATHS / MIN | X WNL ☐ REFUSED<br>EXCEPTIONS: Denies SOB, lungs clear (B) | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| CARDIO | WNL = REG RADIAL PULSE 60-100 BPM | X WNL ☐ REFUSED<br>EXCEPTIONS: | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| GI | WNL = Tolerating diet well. No nauses or vomiting NGT / DHT has < 50cm extending from nare. Tube able to flush prior to EN infusion | ☐ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT<br>EXCEPTIONS: Poor po intake, suspect H/S, dct. denies H/S. No po intake since admission & noted wt loss | ☐ WNL ☐ REFUSED FEEDING TUBE ☐ RIGHT ☐ LEFT<br>EXCEPTIONS: |
| GU | WNL = Able to void No dysuria or retention | X WNL ☐ REFUSED<br>EXCEPTIONS: Not observed, Ø complaints | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| SKIN | WNL = Skin intact. Inspect nares for damage or lesions. | X WNL ☐ REFUSED<br>EXCEPTIONS: | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| MUSCULO-SKELETAL | WNL = Ambulating without assistance | X WNL ☐ REFUSED<br>EXCEPTIONS: | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| SAFETY | WNL = MA / MF in area and patient shackled ISN number above bed | X WNL ☐ REFUSED<br>EXCEPTIONS: | ☐ WNL ☐ REFUSED<br>EXCEPTIONS: |
| RESTRAINTS | WNL = All shackled or restrained extremities have normal color, capillary refill, temp, movement and sensation. Cuffs/shackles must be documented in detail | X WNL ☐ REFUSED X CUSTODIAL ☐ MEDICAL<br>EXCEPTIONS: (b)(1) Sec 1.4 A | ☐ WNL ☐ REFUSED ☐ CUSTODIAL ☐ MEDICAL<br>EXCEPTIONS: |

AM (b)(3):10 USC §130b,(b)(6) (b)(3):10 USC (b)(3):10 USC §130b,(b)(6)

PM

ISN # 693 Date 12/25/05 WEIGHT 121.3

| Full VS DAY | RR | HR | B/P | TEMP | O2 SAT | * PAIN |
|---|---|---|---|---|---|---|
| Date/Time 12/25-0445 | 14 | 50 | 104/59 | 96.0 | 100 | 8/10 |
| SHACKLE CHECKS: WNL = +2 pulse, cap refill <3sec, warm, FROM, sensation intact. Document deviations | | | | | | |
| Time | 0800 | 1200 | 1600 | 2000 | 2359 | 0400 |
| Initials | (b)(3):10 USC §130b,(b)(6) | | | | | |

| Full VS PRN | RR | HR | B/P | TEMP | O2 SAT | * PAIN |
|---|---|---|---|---|---|---|
| Date/Time | | | | | | |
| Date/Time | | | | | | |
| Date/Time | | | | | | |
| Date/Time | | | | | | |

| *PAIN (0-10) | DEGREE | SITE | INTERVENTION | OUTCOME |
|---|---|---|---|---|
| Date/Time | | | | |
| Date/Time | | | | |
| Date/Time | | | | |
| Date/Time | | | | |

| INTAKE | 0800 - 2000 | | | 2000 - 0800 | | |
|---|---|---|---|---|---|---|
| START / STOP TIME | 0800 | | | | | |
| TYPE | D5 1/2NS c̄ 20 KCl | | | | | |
| VOLUME / TOTAL | 100cc/h 1200 | | | | | |
| CALORIES / TOTAL | | | | | | |

NURSING NARRATIVE NOTES

| AM SHIFT | PM SHIFT |
|---|---|
| 0800: Assumed care of det., sleeping | |
| 1100: DHT removed by MD and replace | |
| difficulty to Ⓛ nare | |
| 1200: Resting in NAD | |
| 1400: sleeping | |
| 1730: EMT here to transfer det. to DAC | |

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

26 Mar 02 BLOCK

Progress Note – Medical Staff

1520

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 147.8 lbs ( )
Vitals: 99 Temp: F HR: 83 /min RR: 16 /min BP: 117/75

EF Day #: 69
Goal daily kcal: 2975 kcal
Received: 4 cans Jevity 1.5 + 2 cans Isosource + 100 Jevity
2021

☒ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER

697

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 28Mar2006 | (b)(2) |
| 1150. | Progress Note – Medical Staff — Interpreter Present |
| | Patient offered a meal but refused -enteral feeds as recommended/ voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| ND new complaints | Weight: 147.2 lbs (3/28) |
| | Vitals: Temp: 98 F HR: 116 /min RR: 16 /min BP: 119/77 |
| | EF Day #: 91 |
| | Goal daily kcal: 3150 |
| | Received: 4 cans 2491, 2 cans Boost (+), 1 can Ensure |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693
27 Mar 06 @ 1507 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 108 | H | (74-106) | mg/dL |
| BUN | 12 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 142 | | (137-145) | mmol/L |
| K | 4.2 | | (3.5-5.1) | mmol/L |
| CL- | 100 | | (98-107) | mmol/L |
| CO2 | 27.4 | | (22.0-30.0) | mmol/L |
| CA | 9.1 | | (8.4-10.2) | mg/dL |
| MG | 2.20 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 2.60 | | (2.5-4.5) | mg/dL |
| TP | 7.9 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.5 | | (3.5-5.0) | g/dL |

→ TAKING DURING FEED well cont to monitor.

| | | | | |
|---|---|---|---|---|
| WBC | 3.2 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.26 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.4 | L | (13.5-17.5) | g/dL |
| HEMATOCRIT | 39.8 | L | (40-54) | % |
| MCV | 94.0 | | (80-94) | fl |
| MCH | 31.4 | | (26.0-34.0) | pg |
| MCHC | 33.6 | | (32-36) | G/DL |
| RDW | 12.7 | | (11-16) | |
| PLT CT | 233 | | (130-400) | x10(9)/L |
| MPV | 10.9 | H | (6-10) | |
| NEUT% | 35.80 | L | (39-69) | % |
| LYMPH% | 55.00 | | (37-63) | % |
| MONO% | 6.60 | | (0-13) | % |
| EOS% | 1.90 | | (0-5) | % |
| BASO% | 0.70 | | (0-2) | % |
| + NEUT# | 1.13 | L | (2.52-8.64) | x1000/uL |
| NEUT/100 WBC | 34 | L | (51-67) | % |
| LYMPH/100 WBC | 59 | H | (21-35) | % |
| MONO/100 WBC | 5 | | (4-8) | % |
| EOS/100 WBC | 2 | | (1-4) | % |
| BASO/100 WBC | 0 | | (0-2) | % |

PLT EST ADEQUATE 140,000-440,000/mm3
NORMOCYTIC NORMOCYTIC
NORMOCHROM NORMOCHROMIC

→ H/H low
MCV n l
∴ cont to monitor

(b)(3):10 USC §130b,(b)(6)

JTF GT

DETAINEE'S IDENTIFICATION NUMBER:

693

CHR

STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 28 Mar 2006 | (b)(2) BLOCK<br>Progress Note – Medical Staff Con't<br>D0693<br>27 Mar 06<br>AST ..... 23 (17-59) U/L<br>ALT ..... 22 (21-72) U/L<br>ALK PHOS..... 76 (38-126) U/L<br>TBILI ..... 0.4 (0.2-1.3) mg/dL<br>BILI CONJ ..... 0.0 (0.0-0.3) mg/dL<br>4 cans ensure 1-5, BID.<br>PLAN: ☒ Continue with current regimen ☐ Close medical observation<br>WILL A DIET TO 2840 KCAL<br>☐ Change to following: from 3125 IBW >100%<br>EXCUSED TO S[illegible] HS [illegible]<br>JTF GTMO[illegible] (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

CAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

ATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMG, Medical Department, Guantanamo Bay, Cuba

27MAR06 (b)(2)

Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: lbs ( 149 ) IBW%: 101.6 Based on 3/26/06 weight

Vitals: Temp: 98 F HR: 99 /min RR: 18 /min BP: 118/57

No new complaints.

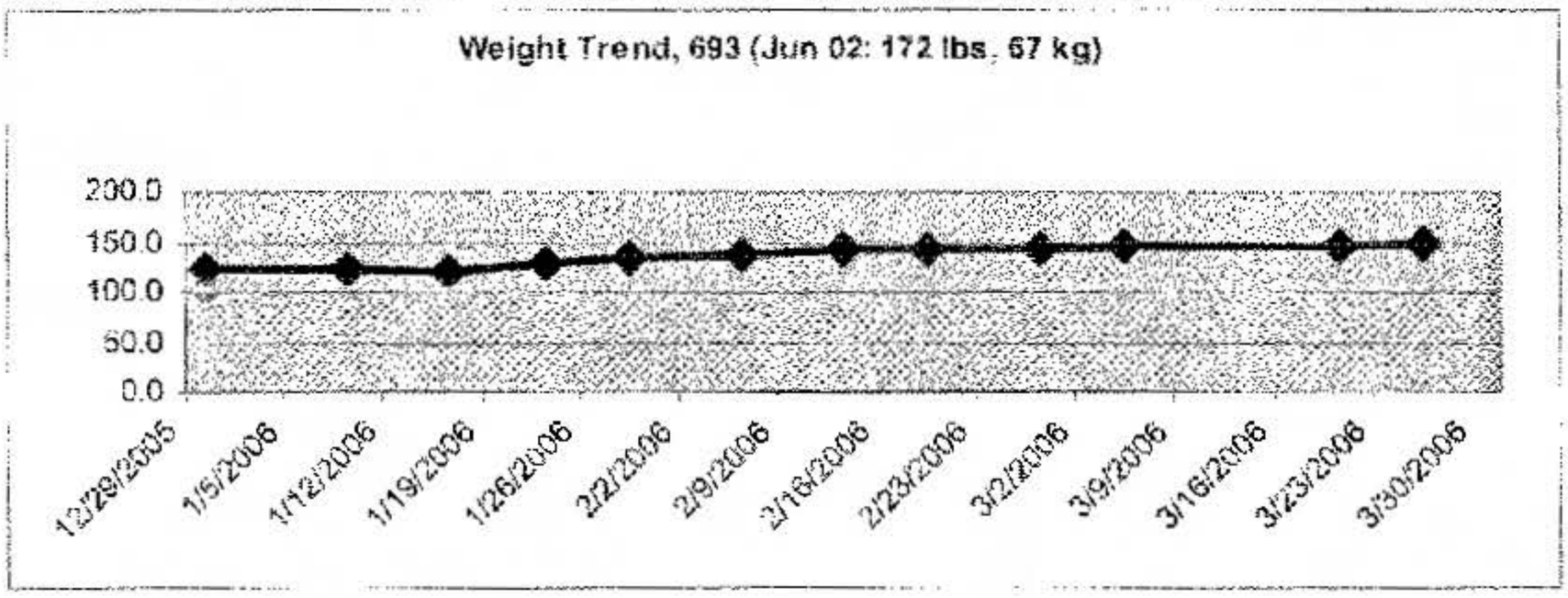
EF Day #: 90

Goal daily kcal: 2975

Received: ~~2 cans~~ 4 cans of 2Cal, 2 cans of Boost Plus, 2 cans of Jevity (3120 kcal total)

☒ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following: √ (P) labs

- Scheduled to see ENT this week

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

JICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMC, Medical Department, Guantanamo Bay, Cuba

26 Dec 06
1410

BLOCK

Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 146.5 lbs (3/25)
Vitals: Temp: 98.0 F HR: 77 /min RR: 16 /min BP: 127/81

EF Day #: 86
Goal daily kcal: 1915 kcal 2000
Received: 1/2 cans Ensure Plus + 1 can fruit

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

3/23/06 BLOCK

Progress Note – Medical Staff

1B 0954 Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 148.3 lbs (3/23)
Vitals: Temp: 97.7 F HR: 91 /min RR: 14 /min BP: 115/64

EF Day #: 84
Goal daily kcal: 2225 kcal
Received: 4 cans Ensure + 2 cans Boost (1) + 1 can Ensure + 1 LHB

☐ Compliant ☒ Non-compliant with enteral feeding ☐ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
Labs on Monday
☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospit

DETAINEE'S IDENTIFICATION NUMBER:

063

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

BLOCK

23 MAR 04 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

NO COMPLAINTS

Weight: 148 lbs (3/23 3)
Vitals: Temp: 97 F HR: 71 /min RR: 14 /min BP: 95/64 115/64

EF Day #: 86
Goal daily kcal: 2000
Received: 1 cans Ensure + 2 cans Boost + 1 cup jell + 1 LHB

(b)(3):10 USC §130b

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
Will cont to monitor weight. If ↑ to 100 lb
☐ Change to following: BID then will ↓ step by step calorie intake to 2500-2000 kcal.

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER

(b)(2)

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

3/3/06 BLOCK

Progress Note – Medical Staff

1230

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

TALKS FREELY DURING REC TIME on M, W, F

Weight: 144.5 lbs (3/3/06)
Vitals: Temp: 98 F HR: 103 /min RR: 16 /min BP: 117/49

EF Day #: 85
Goal daily kcal: 975 kcal
Received: 400cc Ensure HF 1.2 cals Boost D 1 bottle (1000)

(b)(3):10 USC

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 1985)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF - JMG, Medical Department, Guantanamo Bay, Cuba

3/21/06 (b)(2) BLOCK

Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 142 lbs (3/21)

Vitals: Temp: 98 F HR: 84 /min RR: 18 /min BP: 119/65

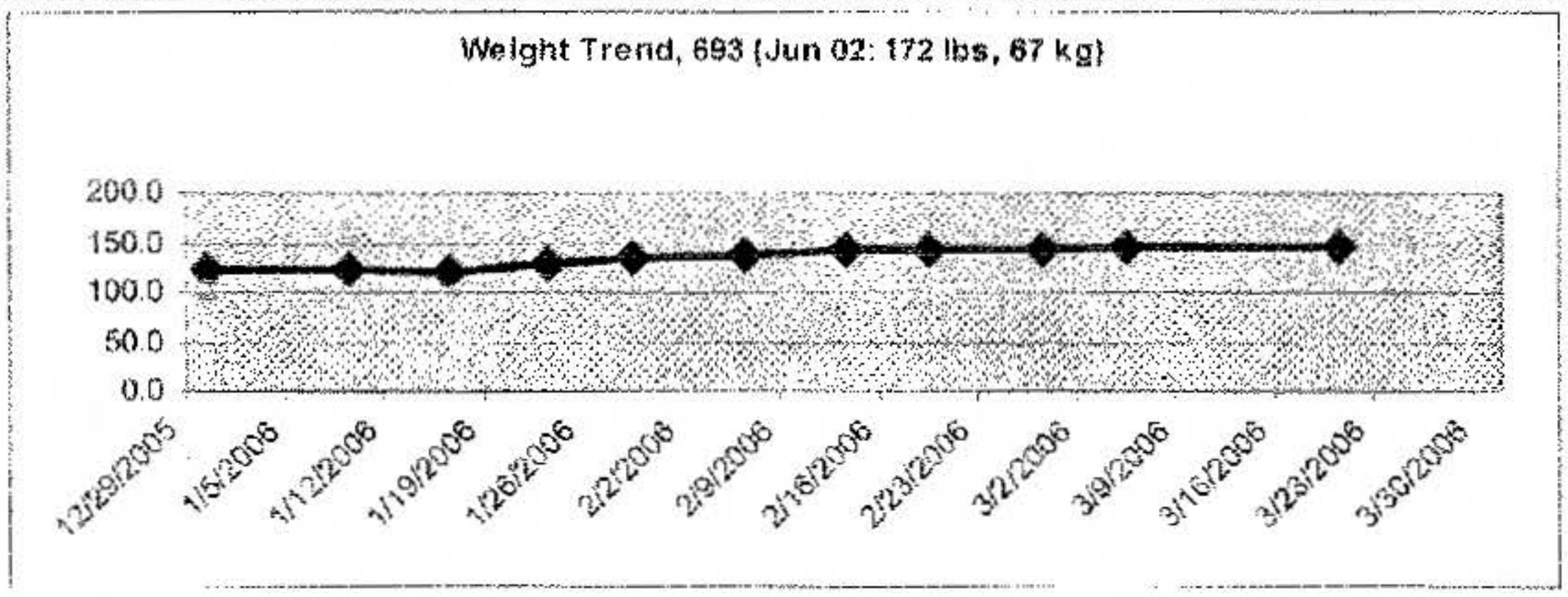
EF Day #: 84

Goal daily kcal: 2975 kcal

Received: Always [illegible] Ensure Boost + lean [illegible] by [illegible]

☐ Compliant ☐ Non-compliant w (b)(3):10 eral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Ho (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

003

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 20 Mar 2006 | BLOCK |
| 1014 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

NO NEW COMPLAINTS

Weight: 144.6 lbs (3/20)
Vitals: Temp: 98 F HR: 71 /min RR: 16 /min BP: 100/67

EF Day #: 83
Goal daily kcal: 2975 Cal
Received: 4 boxes ~~jevity~~ (b)(3): 10 2 boxes Boost + 1 can Jevity 1.5 (bid)

☐ Compliant ☒ Non-compliant with enteral feeding ☐ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☐ Continue with current regimen ☐ Close medical observation

☐ Change to follow (b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 12 Mar 1000 | (b)(2) BLOCK |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: lbs ( ) |
| | Vitals: Temp: F HR: /min RR: /min BP: |
| | [illegible] |
| | FF Day #: 52 |
| | Goal daily kcal: 2975 |
| | Received: [illegible] |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | JTF GTMO (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 6/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 8 Mar 06 | BLOCK |
| | Progress Note – Medical Staff |
| 0839 | |
| | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | NO NEW COMPLAINTS |
| | Weight: 135.3 lbs (3/17) |
| | Vitals: Temp: 98 F HR: 101 /min RR: 16 /min BP: 120/76 |
| | EF Day #: 81 |
| | Goal daily kcal: 2975 kcal |
| | Received: 4 cans Ensure LS + 2 cans Boost + Ensure + 1 L H2O |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: Will cont to monitor |
| | JTF GTMO Detention Hosp |

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

17Mar2006 (b)(2) BLOCK

1023 Progress Note -- Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

C/O pain in nose + blood from nose with blowing. Denies fever, chills but he states that he has an infection + needs med for this

VS Noted

CV: RRR no M/R/G — Abd: soft / NT / ND

LUNG: CTA(B) — EXT: 4 c/c/e

HEAD: NCAT — Nose: 4 ethylene noted.

Weight: 135 lbs ( 3/17 )

Vitals: Temp 98 F HR: 101 /min RR: 16 /min BP: 120/76

3/16 T 98 P 90 R 16 BP 104/74

3/16 wts not obtained due to unavailability of scale.

EF Day #: 86 (b)(3): 10 USC

Goal daily kcal: 1065 1500 Kcal

Received:

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

MISSED A MEAL YESTERDAY DUE TO MOVEMENT WHICH OCCURRED LATER IN THE DAY.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☒ Change to following: SUSPECT PAIN DUE TO INFLAMMATION & SCAB. WILL DC CLARITIN. GIVE TRIAL OF DECONGESTANT. ON SMT LIST FOR EVALUATION. CONT EXAM.

JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

103

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 16 Mar 2006 | (b)(2) BLOCK |
| | Progress Note – Medical Staff |
| 1305 | |
| | Patient offered a meal but refused - enteral feeds as recommended // voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | NO NEW COMPLAINTS. |
| | Weight: 147.9 lbs (3/15) IBW%: 101.7% using weight from 3/15 (147.9 #) 94.6% IBW 2/27 |
| | Vitals: Temp 98 F HR 94 /min RR 18 /min BP: 106/75 |
| | EF Day #: 79 |
| | Goal daily kcal: 2175 |
| | Received: 400cc 2cal + 200cc Boost + 1 can Jevity |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | WILL BE TRANSFERRED TO INDIA BLOCK 1004 |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hosp |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 15 Mar 2006 | (b)(2) BLOCK |
| 1228 | Progress Note – Medical Staff |
| | Patient offered a meal but refused -enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 147 lbs (3/15 ) |
| | Vitals: Temp: 96 F HR: 94 /min RR: 18 /min BP: 106/75 |
| | EF Day #: 78 |
| | Goal daily kcal: 2975 |
| | Received: 4 cans 2Cal + 2 cans Boost B + 1 can Ensure |
| | ☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

Carried into Detention today 100 Hrs

D0693
13 Mar 06 @ 1746 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 100 | | (74-106) | mg/dL |
| BUN | 13 | | (9-20) | mg/dL |
| CREAT | 0.9 | | (0.8-1.5) | mg/dL |
| NA+ | 146 | H | (137-145) | mmol/L |
| K | 4.3 | | (3.5-5.1) | mmol/L |
| CL- | 100 | | (98-107) | mmol/L |
| CO2 | 29.4 | | (22.0-30.0) | mmol/L |
| CA | 9.7 | | (8.4-10.2) | mg/dL |
| TP | 8.1 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.7 | | (3.5-5.0) | g/dL |
| AST | 24 | | (17-59) | U/L |
| ALT | 30 | | (21-72) | U/L |
| TBILI | 0.4 | | (0.2-1.3) | mg/dL |
| PHOSPHORUS | 3.30 | | (2.5-4.5) | mg/dL |
| MG | 2.10 | | (1.6-2.3) | mg/dL |

mild ↑ Na
↑ free H2O intake

| | | | | |
|---|---|---|---|---|
| WBC | 4.5 | | (4.5-10.8) | x10(9)/L |
| RBC | 4.23 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.3 | L | (13.5-17.5) | g/dL |
| HEMATOCRIT | 38.7 | L | (40-54) | % |
| MCV | 91.0 | | (80-94) | fl |
| MCH | 31.4 | | (26.0-34.0) | pg |
| MCHC | 34.4 | | (32-36) | G/DL |
| RDW | 13.4 | | (11-16) | |
| PLT CT | 276 | | (130-400) | x10(9)/L |
| MPV | 11.1 | H | (6-10) | |
| NEUT% | 48.80 | | (39-69) | % |
| LYMPH% | 44.20 | | (37-63) | % |
| MONO% | 4.60 | | (0-13) | % |
| EOS% | 1.90 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |
| + NEUT# | 2.21 | L | (2.52-8.64) | x1000/uL |

mild ↓ H/H
nl MCV
nl RDW
∴ will continue to monitor

JTF GTMO Dr.

DETAINEE'S IDENTIFICATION NUMBER:

103

CHRONOLOGICAL RECORD OF MEDICAL
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

AUTHORIZED FOR LOCAL REPRODUCTIO

NSN 7540-00-634-4176

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 15 MAR 06<br>1030 | (b)(2) BLOCK<br>Progress Note – Medical Staff Con't<br><br>PLAN: ☒ Continue with current regimen ☐ Close medical observation<br><br>☐ Change to following: |
| | JTF |

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

1012

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
**MEDICAL RECORD**
**STANDARD FORM 600 (rev. 9/05)**

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 14 Mar 2006 | (b)(2) |
| 3/8 | Progress Note – Medical Staff |

Patient offered a meal ☒ refused ☐ accepted

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Rec time M-W-F. Wines BASELINE during rec time

Weight: 147.3 lbs ( 3/14 )

Vitals: Temp: 100 F HR: 83 /min RR: 16 /min BP: 109/67

EF Day #: 79

Goal daily kcal: 2975

Received: 4 cans 2 Cal + 2 cans Boost HP + 1 can Isosty

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hosp

DETAINEE'S IDENTIFICATION NUMBER:

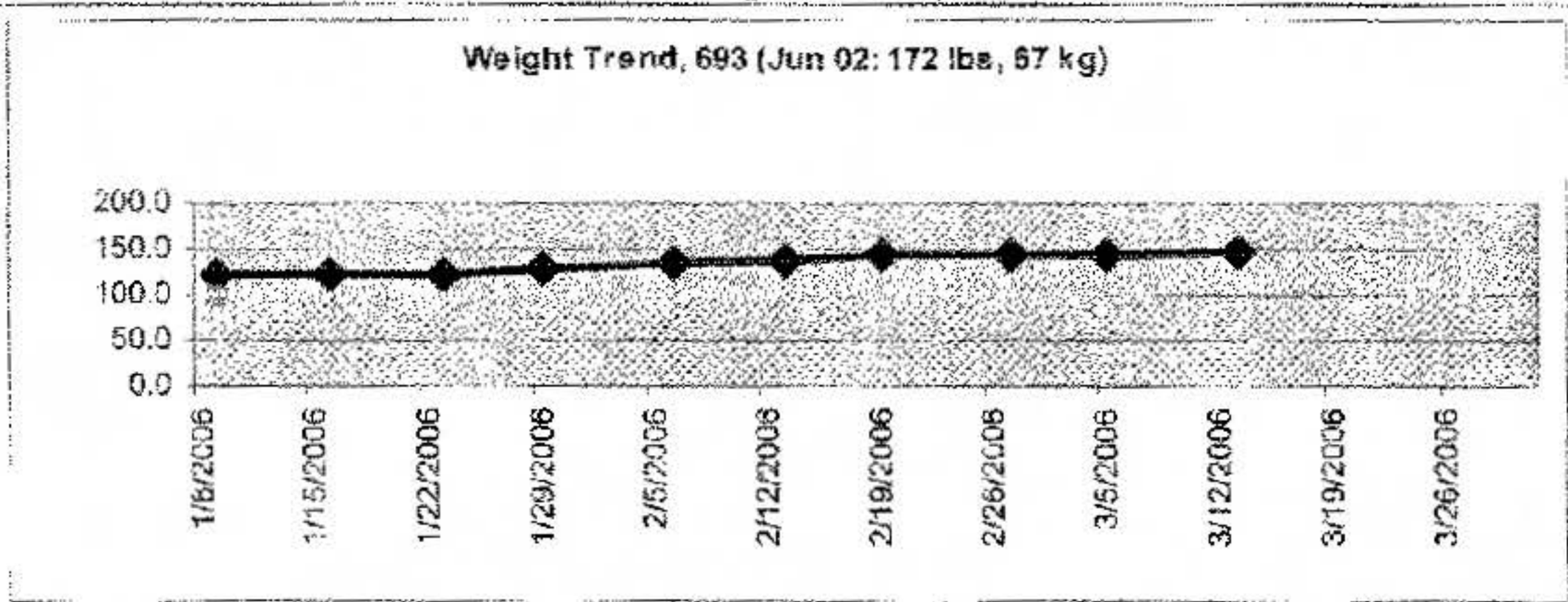
693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 3/13/06 | (b)(2) |
| 1200 | Progress Note – Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 146.5 lbs (3/13) |
| | Vitals: Temp: 98 F HR: 90 /min RR: 16 /min BP: 127/83 |
| | EF Day #: 76 |
| | Goal daily kcal: >2100 |
| | Received: 5 cans Jal + Boost ⊕ + Jenny 1.5 + 1800cc H2O = 2140 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☐ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |




PLAN: ☒ Continue with current regimen ☐ Close medical observation

① V/P labs. ② Diet for 3750 kcal started this am

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospi

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 12 Mar 05 | (b)(2) |
| | Progress Note -- Medical Staff |
| | Patient (refused) enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 139.2 lbs ( ) |
| | Vitals: Temp: 98.0F HR: 78 /min RR: 18 /min BP: 110/63 |
| | Cup OTP Cr Ryan Extended |
| | EF Day #: 75 |
| | Goal daily kcal: >2100 kcal |
| | Received: Total cal + Boost [illegible] ~ 2140 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☒ Close medical observation |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hospital |

DETAINEE'S IDENTIFICATION NUMBER:

68

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE: March 1/38

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

Progress Note -- Medical Staff

Patient offered a meal ☒ refused ☐ accepted
Patient refused enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Spoke c Duncan Westerberg who recommended maintenance kcal of 1815 kcal (76g protein) Detainee 3 cans Ensure (15 + 500 cc tap H2O in am + 3 cans Ensure (1.8 + 500cc H2O in pm). Detainee has been overcoming during feeds. none

Weight: 137 lbs (3/11 )
Vitals: Temp: 98 F HR: 94 /min RR: 18 /min BP: 107/65

EF Day #: 48
Goal daily kcal: 2400
Received: 3 cans Ensure + 1 Boost ⊕ + 1 can Ensure (1815 kcal, 76g protein)
☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
(b)(3) will continue to ↓ c current dietary plan
☐ Change to following: (b)(3) will ↑ calorie intake back to previous meal plan (3 cans Ensure) take on Monday.

Apparent Dietician (b)(3):10 USC §130b,(b)(6)
JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 10 Mar 2006 | (b)(2) |
| 1306 | Progress Note - Medical Staff |

Patient offered a meal ☒ refused ☐ accepted

Patient refused enteral feeds as recommended > voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

WALKING BASKET (FAST WALKING) DURING REC TIME.

Weight: 148.8 lbs (3/10)

Vitals: Temp: 99 F HR: 91 /min RR: 16 /min BP: 119/69

EF Day #: 73

Goal daily kcal: > 2100 Kcal

Received: 3 cans 2Cal + 1 can Boost ⊕ + Jevity 1.5 + 1890 cc H2O = 2940

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following: Will continue to monitor wt. If at risk to ↓, will ↑ calorie intake since pts exercising 1 hrs in Monday

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 9 MAR 06 1407 | (b)(2) |

Progress Note Medical Staff

Patient offered a meal (refused / accepted)
Patient refused enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
Weight: 142.8 lbs ( 3% )
Vitals: Temp: 98 F HR: 101 /min RR: 20 /min BP: 114/94

EF Day #: 12
Goal daily kcal: 2100
Received: 3 cans 2001 + 1 can Boost (P) + 1 can Jevity 1.5 HP 1800 + 120 2440 kcal
☐ Compliant ☒ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

103

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (Rev. 9/95)

AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

JTF –JMG, Medical Department, Guantanamo Bay, Cuba

8 March 2006 (b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 144 lbs ( 38 ) 3/7 144 ↑

Vitals: 97 Temp: 97 °F HR: 92 /min RR: 16 /min BP: 115/78

EF Day #: 7

Goal daily kcal: 2100

Received: 3005 2cal + Boost ⊕ + Ensure 1.5 + 1800cc H2O = 2140

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 97 | | (74-106) | mg/dl |
| BUN | 34 | | (9-20) | mg/dl. |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dl. |
| Na+ | 142 | | (137-145) | mmol/L |
| K+ | 4.3 | | (3.5-5.1) | mmol/L |
| Cl- | 139 | | (98-107) | mmol/L |
| CO2 | 35.0 | | (22.0-30.0) | mmol/L |
| MG | 2.0 | | (1.6-2.3) | mg/dL |
| CA | 9.5 | | (8.4-10.2) | mg/dL |
| PHOSPHOROUS | 3.40 | | (2.5-4.5) | mg/dL |
| WBC | 5.6 | | (4.5-10.0) | x10(3)/L |
| RBC | 4.26 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.6 | | (13.3-17.5) | g/dL |
| HEMATOCRIT | 38.6 | L | (40-54) | % |
| MCV | 90.6 | | (80-98) | fl |
| MCH | 32.1 | | (26.0-34.0) | pg |
| MCHC | 35.5 | | (32-36) | G/DL |
| RDW | 14.4 | | (11-16) | |
| PLT CT | 282 | | (130-400) | x10(3)/L |
| MPV | 10 | H | (6-10) | |
| NEUT% | 48.60 | | (39-63) | % |
| LYMPH% | 45.70 | | (37-63) | % |
| MONO% | 4.70 | | (0-13) | % |
| EOSIN | 1.50 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |
| NEU # | 2.50 | | (2.52-8.64) | x100/uL |
| TP | 8.1 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.7 | | (3.5-5.0) | g/dL |
| AST | 26 | | (17-59) | U/L |
| ALT | 26 | | (21-72) | U/L |
| ALK PHOS | [illegible] | | (38-126) | U/L |
| TBILI | 0.3 | | (0.2-1.3) | mg/dl. |
| BILI CONJ | 0.0 | | (0.1-0.5) | mg/dl. |

JTF G

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

AUTHORIZED FOR LOCAL REPRODUCTIO

SSN 7530-00-634-1126

**MEDICAL RECORD**

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT (Sign each entry) |
|---|---|
| 8 March 2006 | (b)(2) JTF - GMO, Medical Department, Guantanamo Bay, Cuba |
| 1034 | Progress Note – Medical Staff Con't |

PLAN. ☐ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

OF MEDICAL CARE.
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 110ct06 1236 | (b)(2) |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 114.4 lbs ( 51.9 ) |
| | Vitals: Temp: 97.8 F HR: 81 /min RR: 18 /min BP: 115/71 |
| | EF Day #: 70 |
| | Goal daily kcal: >2100 |
| | Received: 3 cans 2601 + 1 Boost + 1 Ensure 1575 + 8 fl oz H2O = 2140 |
| | ☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☑ Continue with current regimen ☐ Close medical observation |
| | Continue to November last today |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hosp |

DETAINEE'S IDENTIFICATION NUMBER:

613

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 3/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 6 Nov 06 1250 | (b)(2) [illegible] |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: lbs ( ) |
| | Vitals: Temp: F HR: /min RR: /min BP: |
| | EF Day #: |
| | Goal daily kcal: |
| | Received: |
| | ☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☐ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | Detainee will be transported to PSA. He is expected to remain at PSA until November 12 when he will be transported to Camp Delta. |
| | JTF GTMO Detention Hospit (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

(b)(3)

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9-85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

March 06 (b)(2)

Progress Note - Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 144.9 lbs (3/6) 3/5 146# BMI 22.9 IBW% 100.4

Vitals: Temp: 98 F HR: 81 /min RR: 18 /min BP: 115/71

DF DH used today for feeding threat, (b) recommended on supplies enteral feed to use PE for good with feeds on NGS that he uses bid during the DMC.

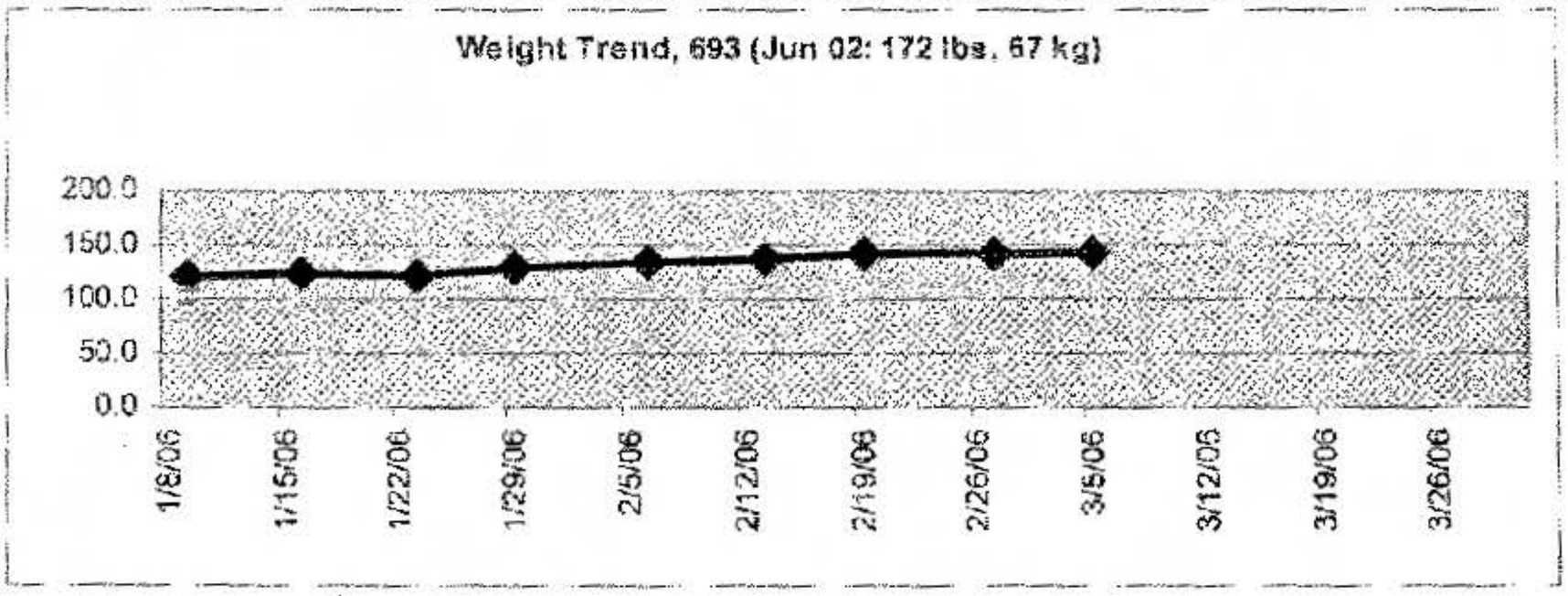
Day #: 60

Goal daily kcal: >2100

Received: 300ml 2Ca1 + Boost (P) + Jenny 15 + 1800 H2O = 2140

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




Seen VS Nled

CV RRR/rr
LUNG CTA (B)
Abd: (BS) Soft ND NTTM
EXT: 2/4 pp 2+ pedpulses

PLAN: ☐ Continue with current regimen ☐ Close medical observation
labs today will cont to monitor INT
☐ Change to following: Need to increase intake
Sno detainee Dehydrated
prefers to keep IBW 290#

JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

603

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (Rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

5 Mar 06
1126

Progress Note – Medical Staff
Patient refused enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
Weight: 145.3 lbs (314 )
Vitals: Temp: 98 F HR: 75 /min RR: 16 /min BP: 111/71
No new issues c/o nausea vomiting or bleeding from gums, mucous membrane, tongue dry
EF Day #: 68
Goal daily kcal: 2100
Received: 2100 kcal + Boost (P) + Jevity 1.5 + 8 cc tube = 3140
☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:
√ Lab on Monday. Examine on Monday
Cont clean Foley / urinalysis
Pt not interested in talking to anyone
JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

603

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| | (b)(2) |
| 2 March 06 | Progress Note - Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 175.5 lbs ( 3/4 ) |
| | Vitals: Temp: 98 F HR: 75 /min RR: 16/min BP: 111/71 |
| | Detainee reports some pains in his bowels as prescribed. Believes that his [illegible] [illegible] interferes. No pain on (R) side, but pain on left. + Fever, + chills, + [illegible]. |
| | EF Day #: 61 |
| | Goal daily kcal: >2100 |
| | Received: 3 2 cal. 1 Sport 1 Fanta |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | No new issues today. Continue Sabril, Flonase, & Claritin. Still concern for foreign object. Last week episode. Consider ENT exam when specialist comes next month. |
| | PLAN: ☒ Continue with current regimen ☒ Close medical observation |
| | ☐ Change to following: |
| | JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 3MAR06 0846 | (b)(2) |
| | ~~Progress Note – Medical Staff~~ |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 147.4 lbs (3/2 ) |
| | Vitals: Temp: 98 F HR: 84 /min RR: 16 /min BP: 113/90 |
| | EF Day #: 66 |
| | Goal daily kcal: >2100 |
| | Received: 3 cans Q 6H + Boost (D) + Jevity 1.5 + 1890 cc H2O = 2140 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | VCBS on Monday (3/6/06) |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hospit |

DETAINEE'S IDENTIFICATION NUMBER:

697

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 603 (rev. 9/85)

NSN 7548-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| | (b)(2) |
| 27Mar06 1255 | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 147.4 lbs ( 3/2 ) |
| | Vitals: Temp: 98.8 F HR: 87 /min RR: 16 /min BP: 113/70 |
| | EF Day #: 65 |
| | Goal daily kcal: 2100 |
| | Received: 3 cans 2Cal + Boost (+) + Lentin 1.5 + 1890cc H2O = 2140 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hospita |

DETAINEE'S IDENTIFICATION NUMBER:

G43

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF – JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 1 Mar 2006 | (b)(2) |
| 0440 | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended y voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 141.6 lbs (311 ) |
| | Vitals: Temp: 98.5 F HR: 101 /min RR: 20 /min BP: 122/79 |
| | EF Day #: 64 |
| | Goal daily kcal: >2100 |
| | Received: 3 cans 2001 + Boost (P) + Lenny 1.5 = 1890 cal PO = 214 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693

27 Feb 06 @ 1205 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 109 | H | (74-106) | mg/dL |
| BUN | 11 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 144 | | (137-145) | mmol/L |
| K | 4.0 | | (3.5-5.1) | mmol/L |
| CL- | 100 | | (98-107) | mmol/L |
| CO2 | 28.0 | | (22.0-30.0) | mmol/L |
| CA | 9.2 | | (8.4-10.2) | mg/dL |
| PHOSPHORUS | 2.70 | | (2.5-4.5) | mg/dL |
| MG | 2.10 | | (1.6-2.3) | mg/dL |
| WBC | 5.8 | | (4.5-10.8) | x10(9)/L |
| RBC | 4.45 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.3 | L | (13.5-17.5) | g/dL |
| HEMATOCRIT | 40.3 | | (40-54) | % |
| MCV | 91.0 | | (80-94) | fl |
| MCH | 29.9 | | (26.0-34.0) | pg |
| MCHC | 33.0 | | (32-36) | G/DL |
| RDW | 14.1 | | (11-16) | |
| PLT CT | 277 | | (130-400) | x10(9)/L |
| MPV | 11.1 | H | (6-10) | |
| NEUT% | 53.90 | | (39-69) | % |
| LYMPH% | 35.60 | L | (37-63) | % |
| MONO% | 8.20 | | (0-13) | % |
| EOS% | 1.80 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |
| + NEUT# | 3.13 | | (2.52-8.64) | x1000/uL |
| LYMPH# | 2.06 | | (.9-4.86) | x1000/uL |
| MONO# | 0.48 | | (0-1.08) | x1000uL |
| EOS# | 0.10 | | (0-.54) | x1000/uL |
| BASO# | 0.03 | | (0-.22) | x1000uL |
| TP | 8.2 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.8 | | (3.5-5.0) | g/dL |
| AST | 26 | | (17-59) | U/L |
| ALT | 20 | L | (21-72) | U/L |
| ALK PHOS | 76 | | (38-126) | U/L |
| TBILI | 0.5 | | (0.2-1.3) | mg/dL |
| BILI CONJ | 0.0 | | (0.0-0.3) | mg/dL |

JTF GTMO Dr.

DETAINEE'S IDENTIFICATION NUMBER:

(b)(2)

CHRONOLOGICAL RECORD OF MEDICAL
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 31 Mar 06 0846 | (b)(2) Progress Note – Medical Staff<br>Patient refused enteral feeds as recommended / voluntarily accepted oral food.<br>Chart reviewed. Detainee appears to be well hydrated. His condition is good.<br>Weight: 147.4 lbs (3/2 )<br>Vitals: Temp: 98 F HR: 84 /min RR: 16 /min BP: 113/40<br><br>EF Day #: 60<br>Goal daily kcal: >2100<br>Received: 3 cans Ensure + Boost + Jenny 1.5 + 1800 cc H2O = 2140<br>☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints<br>The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.<br><br>PLAN: ☒ Continue with current regimen ☐ Close medical observation<br>Vitals on Monday (3/6/06)<br>☐ Change to following:<br><br>JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF – JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| | (b)(2) |
| 2 Mar 06 1255 | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 149.4 lbs ( 3/2 ) |
| | Vitals: Temp: 98 F HR: 87 /min RR: 16 /min BP: 113/70 |
| | EF Day #: 65 |
| | Goal daily kcal: 2100 |
| | Received: 3 cans 2Cal + Boost (P) + Lenity 1.5 + 1890cc H2O = 2140 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hosp |

DETAINEE'S IDENTIFICATION NUMBER:

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 26 Feb 05 | BLOCK |
| | Progress Note – Medical Staff |
| 0710 | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 141.3 lbs (2/26 ) |
| | Vitals: Temp: 98 F HR: 87 /min RR: 16 /min BP: 111/76 |
| | Drinking |
| | EF Day #: 61 |
| | Goal daily kcal: |
| | Received: 2275 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☒ Close medical observation |
| | ☐ Change to following: |
| | JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

673

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 2/05)

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

25 Feb 06 0500

Progress Note -- Medical Staff

Patient refused enteral feeds as recommended. Voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 137.5 lbs ( 2/lbs )

Vitals: Temp: 97.4 F HR: 58 /min RR: 16 /min BP: 104/76

General: Alert, mild SOB, NAD
Lungs: CTA (b/l inspiratory only) Ext: 4 extremities
CV: RRR, 4 vessels

EF Day #: 60 (Total days of restraints were for 5 days)

Goal daily kcal:

Received: 2475

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Detainee tol no trouble c tube hx of 12 F feeding tube. Given history unclear if this allergy or if detainee placed something in his nose to fool the physicians. Will tx as if allergy. Be LOF if clinically necessary or Sx.

PLAN: ☒ Continue with current regimen ☒ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 3/05)

84-4176

AUTHORIZED FOR LOCAL REPRODUCTION

RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

2/24/06 0900

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 140 lbs (2/24/)

Vitals: Temp: F HR: /min RR: /min BP:

DETAINEE SEEN IN CLINIC FOR F/U S NEW COMPLAINTS DETAINEE STATES THAT HE WILL NOT EAT VOLUNTARILY BUT WOULD ACCEPT ENTERAL FEEDS ONLY

EF Day 4: ON HOLD UNTIL NASAL TURBINATES INFLAMMATION ↓

Goal daily kcal:

Received:

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

EXAM: VS stable

HEAD: NCAT ⊖TP MAXILLARY + FRONTAL SINUS

EYES: ¢ injected or icteric sclera

EARS: TMs clear (B)

Nose: ¢ redness around nose ↓ inflammation ↑ erythema (RSL)

Neck: distended veins

Math: [illegible]

PLAN: ☐ Continue with current regimen ☐ Close medical observation

✓ labs on Monday

☐ ~~Change to following:~~

Antacid ↓ starting enteral feed tomorrow

Con't tonic Claritin / normal saline

Add Claritin Con't PO TID x 3 days

JTF GTMO Detention Hospital Dr (b)(3):10 USC

2/24/06 0900 addendum

Detainee transferred to (b)(2) [illegible] maybe transferred back to (b)(2) within the next day or so

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

003

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 23 Feb 2006 | |
| 1125 | |
| | I met with the patient on the block in the presence of an interpreter, Senior Medical Officer (SMO) and the Nurse assigned to (b)(2) |
| | He has been identified as a hunger striker and is now receiving optimal nutrition. |
| | His reason for hunger strike was because he has been detained for 4 years and he wants to go home. |
| | I explained that it would be better to eat his meals but if he does not eat and drink he may have hunger, nausea, fatigue, malaise, headaches, edema, muscle loss, abdominal pain, chest pain, cardiac dysrythmias, altered level of consciousness, and coma. Some of these may cause permanent damage to his brain and body. I also explained that my Detention Hospital staff's goal was to provide humane medical care and to preserve life and that this includes the provision of involuntary feeding for those whose health and life is at risk. The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | I explained that exercising would help increase range of motion and strengthen muscles. Exercising can be accomplished in the cell or during recreational time. |
| | I explained that recent weight trends for the patient were encouraging. He is highly encouraged to eat. He understands that refusal to eat life-sustaining food or drink water/fluids and to follow medical advice may cause irreparable harm to him self or lead to his death. His weight today was 140.7 pounds ( 22 BMI). He spoke clearly and coherently. He admits to drinking water but will continue to refuse food. Detainee appears to be well hydrated. His condition is good. |
| | (b)(3):10 USC §130b,(b)(6) |
| | Medical Officer, GTM |

DETAINEE'S IDENTIFICATION NUMBER:

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 2-23-06 | SMO Note: I met with the patient on the block in the presence of an interpreter & (b)(2) |
| 1100 | He has on hunger strike for many days being enterally fed. |
| | He states the reason for his hunger strike is to protest his detention at GTMO. |
| | I explained that if he does not eat and drink he may have |
| | fatigue, malaise, headaches, edema, muscle loss, abdominal pain, chest pain, |
| | cardiac dysrythmias, altered level of consciousness, and coma. Some of those may cause |
| | permanent damage to his brain and body. I also explained that my Detention Hospital staff's goal |
| | was to provide humane medical care and to preserve life and that this includes the provision |
| | of involuntary feeding for those whose health and life is at risk. |
| | I explained that recent weight trends for the patient were encouraging. |
| | He is highly encouraged to eat and drink. He understands that refusal to eat life-sustaining food or |
| | drink water/fluids and to follow medical advice may cause irreparable harm to him self or lead |
| | to his death. To prevent these, he will continue to receive bid enteral feeds to maintain weight. |
| | He spoke clearly and coherently. He understands that refusing to eat is his choice. |
| | Based on his appearance, I believe he is well hydrated and medically doing well. |
| | We discussed increasing (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9-85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

BLOCK

BTCbOlp 0915

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 144.3 lbs (0/22)

Vitals: Temp: 98 F HR: 79 /min RR: 20 /min BP: 117/77

Detainee refused to eat or drink liquid meal Only consumed H2O. will offer the same today / to allow inflammation of the nasal mucosa to ↓.

~~EF Day #:~~

Goal daily kcal: >2600

Received:

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PT AT 100% IBW – WILL REEVALUATE ON 9/24

PLAN: ☒ Continue with current regimen ☐ Close medical observation

√ Labs 9/27 / RE-EVALUATE 9/24

☐ Change to following:

Cont Flonase / Normal Saline / Claritin today

Will start 2035 Calorie Meal [illegible] if Detainee consumes liquid meal.

JTF GTMO Detention Hospital L

(b)(3):10 USC §130b,(b)(6)

Rev'd 2/23/06

(b)(3):S(1),(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (Rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

**DATE** | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

BLOCK

22Feb06 (1440) Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 144.3 lbs (2/22)

Vitals: Temp: 98 F HR: 99 /min RR: 20 /min BP: 117/77

EVALUATED IN CLINIC YESTERDAY FOUND TO HAVE INFLAMED TURBINATES BELIEVED TO BE DUE TO ALLERGIC RHINITIS & PERIODICAL TRIAL ENTERAL FEEDS (cont)

EF Day #: (OFFERED HERE CONTINUE)

Goal daily kcal: 2000

Received:

☐ Compliant ☒ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

(cont) Since Detainee @ 100% IBW, will offer to allow him to drink his meal. If detainee refuse then will not feed. Need to allow time for inflammation to decrease. Will re-evaluate detainee on Friday.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

Cantrix / Flonase / Normal Saline / IV Calorie intake (2035 as rec)

☒ Change to following:

AS NOTED ABOVE

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hos

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF – JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 21 Feb 06 0846 | (b)(2)<br>Progress Note – Medical Staff<br>Patient refused enteral feeds as recommended / voluntarily accepted oral food.<br>Chart reviewed. Detainee appears to be well hydrated. His condition is good.<br>Weight: 143.2 lbs ( 2/21 )<br>Vitals: Temp: 99 F HR: 79/min RR: 16/min BP: 123/97<br>EVENTS FROM YESTERDAY NOTED. NASAL TURBINATES SWOLLEN. Detainee with tendrils [illegible] [illegible] NOSE.<br>EF Day 4: 59<br>Goal daily kcal: >2600<br>Received: 4 cans 2001 + 2 cans Boost (P) + Juicy + IL 450 = 2172<br>☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints<br><br>The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| 2/23/06 0810 | PLAN: ☒ Continue with current regimen ☐ Close medical observation<br>☐ Change to following:<br>WILL ARRANGE FULL EVALUATION AT HOSPITAL.<br>WILL PLACE ON ENT LIST<br>JTF GTMO Detention Hospital Dr.<br>CONT FLONASE / NORMAL SALINE FOR NOW<br>(b)(3):10 USC §130b,(b)(6)<br>JTF GTMO Det. Hosp. Dr. |

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

**DATE**

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

20 Feb 06
0445

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 143.5 lbs (2/20) 143.7/19

Vitals: Temp: 97 F HR: 80 /min RR: 16 /min BP: 122/76

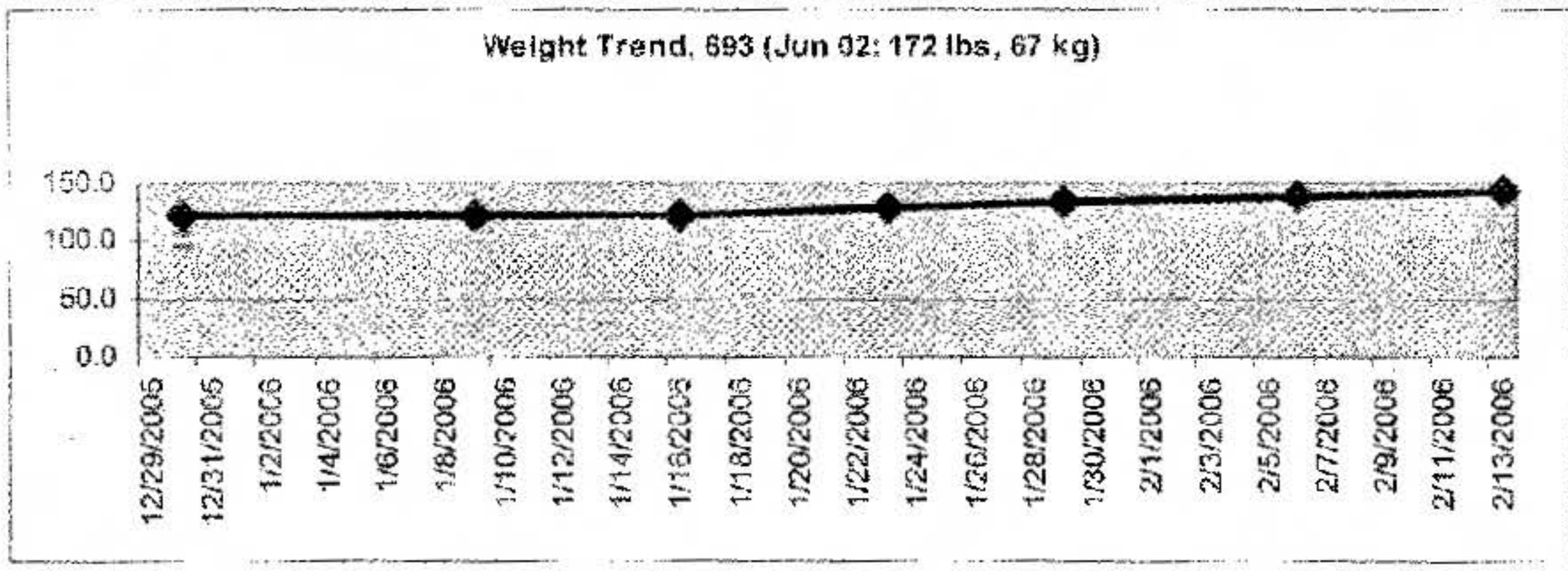
EF Day #: 58

Goal daily kcal: >2600

Received: 2021 x 4 + Boost ⊕ x 2 + Jevity + 1L H2O - 8978

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

Once 100% IBW achieved, will ↓ calorie intake to 2036 calories, 84G protein (8100cc free H2O (3cans 2021 + Boost x 1 + Jevity + 1800cc H2O)

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF – JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 18 Feb 06 12-19 | (b)(2) |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 142.5 lbs (-4.8) |
| | Vitals: Temp 98.8 F HR: 71 /min RR: 16 /min BP: 99/63 |
| | EF Day #: 56 |
| | Goal daily kcal: 2260 |
| | Received: 2 Ca x 4 + Boost ⊕ x 2 + Ensure + 1L H2O = 2271 |
| | ☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | D0693 |
| | 17 Feb 06 @ 1702 (Coll) SERUM |
| | GLUCOSE ..... 106 (74-106) mg/dL |
| | BUN ..... 17 (9-20) mg/dL |
| | CREAT ..... 0.8 (0.8-1.5) mg/dL |
| | NA ..... 142 (137-145) mmol/L |
| | K ..... 4.0 (3.5-5.1) mmol/L |
| | CL- ..... 100 (98-107) mmol/L |
| | CO2 ..... 27.2 (22.0-30.0) mmol/L |
| | CA ..... 9.3 (8.4-10.2) mg/dL |
| | MG ..... 2.10 (1.6-2.3) mg/dL |
| | PHOSPHORUS ..... 4.10 (2.5-4.5) mg/dL |
| | WBC ..... 5.1 (4.5-10.8) x10(9)/L |
| | RBC ..... 3.94 L (4.7-6.2) x10(12)/L |
| | HEMOGLOBIN ..... 12.1 L (13.5-17.5) g/dL |
| | HEMATOCRIT ..... 35.4 L (40-54) % |
| | MCV ..... 90.0 (80-94) fl |
| | MCH ..... 30.7 (26.0-34.0) pg |
| | MCHC ..... 34.2 (32-36) G/DL |
| | RDW ..... 14.4 (11-16) |
| | PLT CT ..... 242 (130-400) x10(9)/L |
| | MPV ..... 11.1 H (6-10) |
| | NEUT% ..... 45.10 (39-69) % |
| | LYMPH% ..... 45.10 (37-63) % |
| | MONO% ..... 6.50 (0-13) % |
| | EOS% ..... 2.70 (0-5) % |
| | BASO% ..... 0.60 (0-2) % |
| | + NEUT# ..... 2.30 L (2.52-8.64) x1000/uL |
| | TP ..... 7.9 (6.3-8.2) g/dL |
| | ALBUMIN ..... 4.6 (3.5-5.0) g/dL |
| | AST ..... 26 (17-59) U/L |
| | ALT ..... 36 (21-72) U/L |
| | ALK PHOS ..... 69 (38-126) U/L |
| | TBILI ..... 0.4 (0.2-1.3) mg/dL |
| | BILI CONJ ..... 0.0 (0.0-0.3) mg/dL |

(b)(3):10 USC §130b,(b)(6)

JTF GTMO

DETAINEE'S IDENTIFICATION NUMBER:

693

CAL RECORD OF MEDICAL
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

AUTHORIZED FOR LOCAL REPRODUCTIO

NSN 7540-00-634-4176

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 18 Feb 06 1210 | (b)(2) Progress Note – Medical Staff Con't |

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

193

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

1 Feb 06 Progress Note – Medical Staff — Inspector present

0925 Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. / His condition is good.

137.8 Weight: ~~132.7~~ lbs (kg) 2/12 142.3

2/17 Vitals: Temp: 98 F HR: 81 /min RR: 18 /min BP: 108/57

Detainee c/o intermittent epigastric discomfort + 4/10 of constant chest pressure.

JTF Day #: 55

Goal daily kcal: >2000

Received: 2Cal x 4 + Boost ⊕ x2 + Sprite + 1L H2O = 2975

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

EXAM: NAD

CV: RRR w/o m/g/r — Chest: ~~[illegible]~~ CTA/JTP

LUNG: CTA/B — EXT: 0 c/c/e

ABD: Soft/NT/ND/+BS w/o rebound

PLAN: ☐ Continue with current regimen ☐ Close medical observation

☐ Change to following:

Suspect discomfort 2° GERD / musculoskeletal discomfort

~~JTF GTMO Detention Hospital Dr.~~

- Will restart Protonix 40 mg po daily
- ✓ labs today instead of Monday

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

1043

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

16 Feb 06 0845

(b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 138.5 lbs ( 2/15 )

Vitals: Temp: 98 F HR: 87 /min RR: 16 /min BP: 108/61

JTF Day #: 54

Goal daily kcal: >2000

Received: 2Cal x4 + BOOST ⊕ x2 + Ensure = 2975

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

ONE IBW% reaches 100% WAR & CARDIC INTAKE

☐ Change to following:

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

002

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| KT 2/6/06 0855 | (b)(2) [redacted] |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 138.8 lbs (=/15 ) |
| | Vitals: Temp 98 F HR: 87 /min RR: 16 /min BP: 128/61 |
| | JTF Day #: 53 IBW % = 99.2 |
| | Goal daily kcal: 2200 |
| | Received: 2 Ca x 4 + Boost B x 2 + Ensure = 2975 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | d0693 |
| | 14 Feb 06 @ 1656 (Coll) SERUM |
| | GLUCOSE ..... 113 H (74-106) mg/dL → TAKING DURING FEEDING |
| | BUN ..... 15 (9-20) mg/dL |
| | CREAT ..... 0.7 L (0.8-1.5) mg/dL |
| | NA+ ..... 142 (137-145) mmol/L |
| | K ..... 3.9 (3.5-5.1) mmol/L |
| | CL- ..... 98 (98-107) mmol/L |
| | CO2 ..... 27.3 (22.0-30.0) mmol/L |
| | CA ..... 9.4 (8.4-10.2) mg/dL |
| | MG ..... 2.20 (1.6-2.3) mg/dL |
| | PHOSPHORUS ..... 4.70 H (2.5-4.5) mg/dL |
| | WBC ..... 5.6 (4.5-10.8) x10(9)/L |
| | RBC ..... 4.21 L (4.7-6.2) x10(12)/L |
| | HEMOGLOBIN ..... 12.6 L (13.5-17.5) g/dL |
| | HEMATOCRIT ..... 37.8 L (40-54) % |
| | MCV ..... 90.0 (80-94) fl |
| | MCH ..... 29.9 (26.0-34.0) pg |
| | MCHC ..... 33.2 (32-36) G/DL |
| | RDW ..... 14.6 (11-16) |
| | PLT CT ..... 257 (130-400) x10(9)/L |
| | MPV ..... 10.6 H (6-10) |
| | ~ NEUT% ..... 42.00 (39-69) % |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTM |

DETAINEE'S IDENTIFICATION NUMBER:

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 15 Feb 06 0856 | (b)(2) |
| | Progress Note – Medical Staff (con't) |

d0693
14 Feb 06 @ 1656 (Coll) SERUM

| | | | |
|---|---|---|---|
| LYMPH%..... | 47.30 | (37-63) | % |
| MONO%..... | 7.00 | (0-13) | % |
| EOS%..... | 3.10 | (0-5) | % |
| BASO%..... | 0.60 | (0-2) | % |
| NEUT# ..... | 2.35 | (2.52-8.64) | x1000/uL |
| LYMPH#..... | 2.65 | (.9-4.86) | x1000/uL |
| MONO#..... | 0.39 | (0-1.08) | x1000uL |
| EOS#..... | 0.17 | (0-.54) | x1000/uL |
| BASO#..... | 0.03 | (0-.22) | x1000uL |
| TP..... | 8.4 H | (6.3-8.2) | g/dL |
| ALBUMIN ..... | 4.8 | (3.5-5.0) | g/dL |
| AST ..... | 27 | (17-59) | U/L |
| ALT ..... | 41 | (21-72) | U/L |
| ALK PHOS..... | 71 | (38-126) | U/L |
| TBILI ..... | 0.5 | (0.2-1.3) | mg/dL |
| BILI CONJ ..... | 0.0 | (0.0-0.3) | mg/dL |

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTM

DETAINEE 'S IDENTIFICATION NUMBER:

CHRONOLOGICA CAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

**DATE** | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

14 FEB 06 0835

(b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 142.5 lbs (64.4)

Vitals: Temp: 97.3 F HR: 69 /min RR: 12 /min BP: 90/62

TF Day #: 50

Goal daily kcal: 2600

Received: 2Cal x 4 + Boost Ø x 2 + Jevity + 1L H2O = 2975

☐ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Appreciate Nutrition Input.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

VB labs

☒ Change to following:

will ↑calorie intake once calc IBW reached.

13 cans 2Cal + Boost Ø x1 + Jevity 1.0 x 1 + 1L H2O

2035 calories 84 g protein 1890cc free H2O

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER

043

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF JMG, Medical Department, Guantanamo Bay, Cuba

12 Feb 06

1330

Medical Nutrition Therapy - Reassessment

I: Enteral Feeding Day # 57

Diet Order: 4 cans Two Cal + 2 cans Boost Plus + 1 can daily 1.0 + 1% BO

Providing: 2370 calories
118 g protein
2255 cc free water

Current Weight: 138.8# (11 Feb)
(+)/-: 51# (7 Feb - 138.7#)
%Ideal Body Weight (IBW): 99.2
Body Mass Index (BMI): 22.5

Medications: ——
Labs: ——

Overall exceeding estimated goals for calories, protein, and fluid. Patient continues to make positive weight gain, now approaching 100% ideal body weight. Once patient passes 100% IBW, should plan to slowly decrease calories and protein to decrease rate of weight gain and establish new low calorie needs will continue to monitor.

P/R: (1) Once patient reaches 100% IBW, decrease to 3 cans Two Cal + 1 can Boost Plus + 1 can daily 1.0 + 1% BO to deliver 2025 calories
84 g protein
1590 cc free $H_2O$

(2) Monitor weight, if weight begins to decrease, return to original diet order, if weight stabilizes or continues to increase, keep same diet order.

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER

671

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 2/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 3/6/06 0835 | (b)(2) Progress Note – Medical Staff<br>Patient refused enteral feeds as recommended & voluntarily accepted oral food.<br>Chart reviewed. Detainee appears to be well hydrated. His condition is good.<br>Weight: 143.8 lbs (-1.2)<br>Vitals: Temp: 97.3 F HR: 83 /min RR: 16 /min BP: 117/68<br><br>TF Day #: 5<br>Goal daily kcal: > 2600<br>Received: 200 ml x 4 + Boost ⊕ + Entry = 2175<br>☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints<br><br>The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.<br><br>PLAN: ☒ Continue with current regimen ☐ Close medical observation<br>VS ⊕ labs<br>☐ Change to following:<br><br>(b)(3):10 USC §130b,(b)(6)<br>JTF GTMO Detention Hospital |

DETAINEE'S IDENTIFICATION NUMBER:

643

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 558 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| | (b)(2) |
| 12 Feb 06 | Progress Note -- Medical Staff |
| 1730 | Patient refused enteral feeds as recommended & voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 143.8 lbs (2/12/06) |
| | Vitals: Temp: 97.3 F HR: 83 /min RR: 16 /min BP: 117/68 |
| | ~~TF Day #~~: |
| | Goal daily kcal: |
| | Received: 2975 4 Zulk 1 Sust 1 Sust-Q 1 Sustagen |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☒ Close medical observation |
| | ☐ Change to following: |
| | (b)(3) tomorrow |
| | JTF GTMO Detention Hospital Dr. (b)(3): 10 USC §130b |

DETAINEE'S IDENTIFICATION NUMBER:

(b)(3)

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9-65)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

11 FEB 06 (b)(2)
10:50

Progress Note -- Medical Staff

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food~~.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
Weight: 2/11/06 lbs ( 140.0) New scale used today
Vitals: 2/11/06 Temp: 97.2F HR: 76 /min RR: 16 /min BP: 128/68
Detainee continues to refuse oral feed from the Guard Force.
The detainee continues to be uncooperative.

~~TF Day #~~:
Goal daily kcal: > 2600 KCAL
Received: 10 FEB 06 : 2CAL x 4 ; Jevity x 1 . Boost x 2 = 2975 KCAL.
☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.
Detainee is stable as shown by the vital signs.
The detainee is well hydrated.

PLAN: ☑ Continue with current regimen ☑ Close medical observation
☑ Lab on Monday 13 FEB 06
☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

10Feb06 0845 (b)(2)

Progress Note Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 141 lbs ( 79 )

Vitals: Temp: 98 F HR: 88 /min RR: 16 /min BP: 110/70

TF Day #: 48

Goal daily kcal: 2260 kcal

Received: 2 Cal x 4 + Boost x 2 = 2775

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

WEEKLY LABS ON MONDAY

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention H

DETAINEE'S IDENTIFICATION NUMBER

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 5/95)

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

9 FEB 06 0700 (b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food.~~

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 219 lbs ( 99.3 )

Vitals: 2/9 Temp: 98.1F HR: 88 /min RR: 16 /min BP: 110/70

Detainee continues to refuse to eat. He declines meals offered by the Guard Force

~~TF Day #~~:

Goal daily kcal: > 2600 KCAL

Received: 8 FEB 06: 2500, 24; BOOST 22, Jevity 1 = 2975 KCAL

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Condition remains good. Detainee is well hydrated. Record of weights has been reviewed. Good weight gain noted 11 pounds since 28 JAN 06. No evidence of refeeding syndrome

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☒ Check Lab studies on 13 Feb 06: BMP, CBC, LFT, Mg, Phos, C

☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

DATE — SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF JMG Medical Department, Guantanamo Bay, Cuba

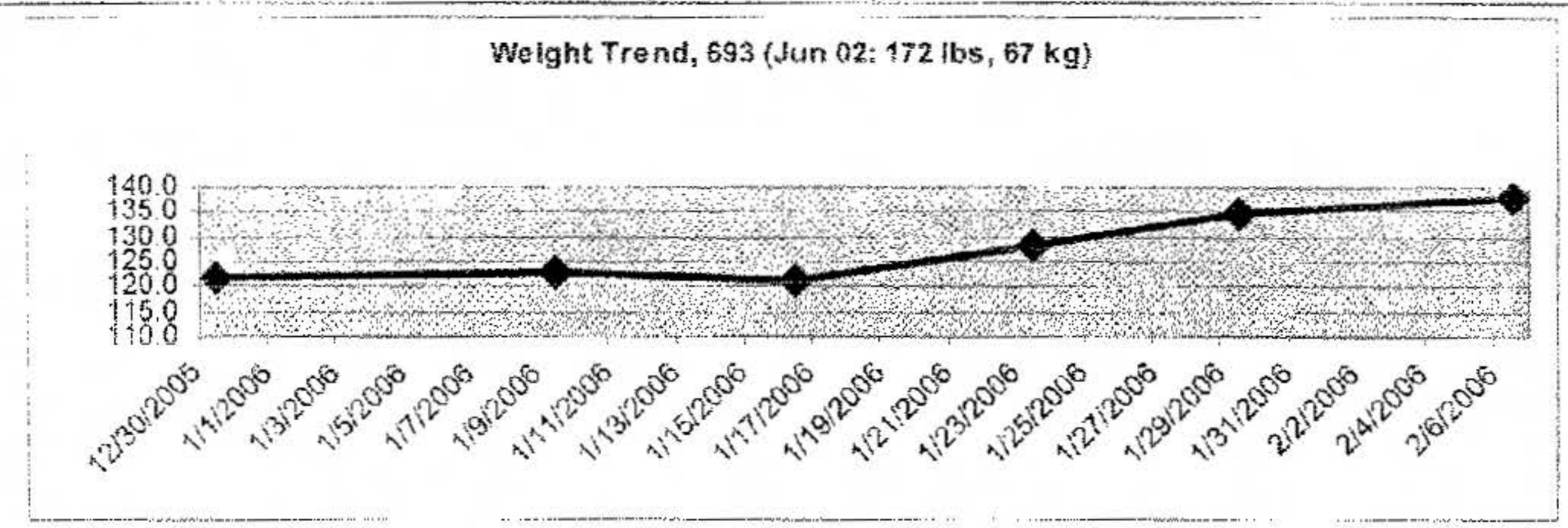
(b)(2)

8 Feb 06 Progress Note – Medical Staff

0910 Patient refused enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
Weight: 136.6 lbs (62 kg)
Vitals: Temp 97.1 °F HR: 85 /min RR 16 /min BP: 113/74

TF Day #: 46
Goal daily kcal: 2200
Received: 2 can x 4 + Boost + x 2 + Jevity x 1
☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hosp

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

7 Feb 06 | Medical Nutrition Therapy - Reassessment

1000

I: Enteral Feeding Day # 4/5

Diet Order: 4 cans Two Cal + 2 cans Boost Plus + 1 can Daily 10

Providing: 2820 calories
118 g protein
1251 cc free water

Current Weight: 138.7 (7 Feb)
(+/-): 17.8# (Nov - Dec 9)
%Ideal Body Weight (IBW): 95.7
Body Mass Index (BMI): ~~29.4~~ 21.8

Medications: ——
Labs: ——

Consistently exceeding estimated goals for calories w/ protein. Weight gain appropriate at this calorie level. Detainee now within normal limits for BMI. Continue current diet until reaching 100% IBW. Will continue to monitor.

P/R: No new recommendations at this time. May consider decreasing total calories once 100% of IBW is reached.

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

7 Feb 06 0904

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 135 lbs (97.)

Vitals: Temp: 97.8 F HR: 85 /min RR: 16 /min BP: 113/74

TF Day #: 45

Goal daily kcal: >2600

Received: 2 cal × 4 + Boost (P) × 2 + Juicy × 1 = 2975

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

D0693
06 Feb 06 @ 1747 (Coll) SERUM

| | | | |
|---|---|---|---|
| GLUCOSE | 97 | (74-106) | mg/dL |
| BUN | 18 | (9-20) | mg/dL |
| CREAT | 0.7 L | (0.8-1.5) | mg/dL |
| NA+ | 141 | (137-145) | mmol/L |
| K | 4.1 | (3.5-5.1) | mmol/L |
| CL- | 100 | (98-107) | mmol/L |
| CO2 | 26.8 | (22.0-30.0) | mmol/L |
| CA | 9.5 | (8.4-10.2) | mg/dL |
| MG | 2.20 | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 4.40 | (2.5-4.5) | mg/dL |
| WBC | 7.8 | (4.5-10.8) | x10(9)/L |
| RBC | 4.19 L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 12.6 L | (13.5-17.5) | g/dL |
| HEMATOCRIT | 37.9 L | (40-54) | % |
| MCV | 90.0 | (80-94) | fl |
| MCH | 30.0 | (26.0-34.0) | pg |
| MCHC | 33.2 | (32-36) | G/DL |
| RDW | 13.4 | (11-16) | |
| PLT CT | 235 | (130-400) | x10(9)/L |
| MPV | 11.0 H | (6-10) | |
| + NEUT% | 48.70 | (39-69) | % |
| LYMPH% | 39.40 | (37-63) | % |
| MONO% | 9.20 | (0-13) | % |
| EOS% | 2.10 | (0-5) | % |
| BASO% | 0.60 | (0-2) | % |
| NEUT# | 3.82 | (2.52-8.64) | x1000/uL |
| LYMPH# | 3.09 | (.9-4.86) | x1000/uL |
| MONO# | 0.72 | (0-1.08) | x1000uL |
| EOS# | 0.16 | (0-.54) | x1000/uL |
| BASO# | 0.05 | (0-.22) | x1000uL |
| TP | 7.7 | (6.3-8.2) | g/dL |
| ALBUMIN | 4.3 | (3.5-5.0) | g/dL |
| AST | 30 | (17-59) | U/L |
| + ALT | 43 | (21-72) | U/L |
| ALK PHOS | 72 | (38-126) | U/L |
| TBILI | 0.3 | (0.2-1.3) | mg/dL |
| BILI CONJ | 0.0 | (0.0-0.3) | mg/dL |

low H/H
nl MCV
nl RDW
> can't to monitor

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Dr.

DETAINEE'S IDENTIFICATION NUMBER:

(b)(3)

CHRONOLOGICAL RECORD OF MEDICAL
MEDICAL RECORD
STANDARD FORM 600 (rev. 9-85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

MEDICAL RECORD

# CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

7/26/06 Progress Note – Medical Staff Con't

PLAN:

☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

Exam:
CV: RRR gm/gr
Lungs: CTA(B)
Abd: ABS/SOFT/NT/ND/10/+BM
Ext: 4 UCLE 2+ palpable pulses
DPA/PTA

(b)(3):10 USC §130b,(b)(6)

JTF GTMO

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

Feb 04
0841

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 136 lbs (215.6)

Vitals: Temp: 98 F HR: 81 /min RR: 18 /min BP: 104/60

TF ↓ 4H

Goal daily kcal: >2600 kcal

Received: 2 cal x 4 + Boost ⊕ x 2, Jevity 2915

☐ Compliant ☒ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

WILL NEED TO ✓ (P) labs.

☐ Change to following:

JTF GTMO Detention Hospital D

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

092

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 3/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMG, Medical Department, Guantanamo Bay, Cuba

5 Feb 06 10:32 (b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food.~~

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 245 lbs lbs ( 136 )

Vitals: 245 lbs Temp: 98 F HR: 91 /min RR: 18 /min BP: 104/60

Detainee continues to refuse meals offered by the Guard Force

Goal daily kcal: > 2600 KCal

Received: 2-4-06 : 2CAL x 4 : BOOST x 2 : Ensure x 1 = 2975 KCal.

☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Condition remains good.
Detainee remains well hydrated.

PLAN: ☑ Continue with current regimen ~~☐ Close medical observation~~
Get Labs in am 2/6/06: BMP, CBC, LFT, Ca, Mg, + Phos
~~☐ Change to following:~~

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

673

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF - JMO, Medical Department, Guantanamo Bay, Cuba

2-3-06 (b)(2)

Progress Note Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 293.6 lbs (133.9)

Vitals: 2/3/06 Temp: 98.1 F HR: 88 /min RR: 16 /min BP: 108/64

Detainee continues to refuse oral food from Guards.

Goal daily kcal: >2700 Cal

Received: 2/2/06: Boost x2, 2006 x1, Jevity x1 = 2975 kcal

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Condition is good & stable today

PLAN: ☒ Continue with current regimen ~~☐ Close medical observation~~

☐ Change to following:

Labs on Monday 2/6/06

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

4/Feb/06 JTF MO

Well nourished, overweight
Continue to refuse food.
133.8 98.1 108/61 76 18
2000(+2), Boost / 2000(+2), Jevity → 2975 Cal
IV / Bed rest, restraints
Left Arm OK

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF – JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 2 FEB 06 09:53 | (b)(2) |

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food~~

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 212.66 lbs ( 134.3 )

Vitals: 2/3/06 Temp: 99F HR: 77 /min RR: 18 /min BP: NV | 74

Detainee continues to refuse food from the Guard Force. He remains non-compliant with enteral feeds. He is well. No tissue loss

Goal daily kcal: > 2000 KCAL

Received: 2/1/06 2% AL x 4, BOOST x 2 = Total 2975 KCAL

☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Detainee is well hydrated.
Detainee's condition is good.

PLAN: ☑ Continue with current regimen ~~☐ Close medical observation~~

~~☐ Change to following:~~

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b (b

DETAINEE'S IDENTIFICATION NUMBER:

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF - JMG, Medical Department, Guantanamo Bay, Cuba

1 Feb 06 12:14 (b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 1 Feb 06 lbs ( 131.4 )

Vitals: 1 Feb 06 Temp: 98 F HR: 73 /min RR: 4 /min BP: 100/72

Detainee continues to refuse to accept food from the Guard Force.
Detainee is stable

Goal daily kcal: > 2600 KCAL

Received: 1/31/06: 2CAL x 4, BOOST x 2 = 2975 kcal Total.

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Lab Drawn 31 Jan 06

195 | 100 / 13 | 107
4.5 | 25 / 0.7

Ca - 9.6 ALT - 28
Mg - 2.3 AST - 38
PhoS - 3.9

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☒ Recheck lab studies in one week
☐ Change to following:
Detainee's condition is stable at this time.

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

673

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 3) JAN 06 0853 | (b)(2) Progress Note - Medical Staff |

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food.~~

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 131 lbs ( 135 )

Vitals: 1/3, Temp: 97.2 F HR: 74 /min RR: 16 /min BP: 92/61

Detainee continues to refuse to eat food brought to him by the Guard Force. The detainee appears well hydrated and in good condition.

~~JE Day #:~~

Goal daily kcal: > 2600 Kcal

Received:

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Condition - good
Well hydrated.

PLAN: ☒ Continue with current regimen ☐ ~~Close medical observation~~

CPK/ABs drawn today → check results.

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF - JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 1/30/06 19:46 | (b)(2) |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended & voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 1/30 lbs ( 153.4 ) |
| | Vitals: 1/30 Temp: 98 F HR: 74 /min RR: 16 /min BP: 125/37 |
| | Detainee continues to refuse food offered by the guard force |
| | ~~TF Day #:~~ |
| | Goal daily kcal: > 2400 kcal |
| | Received: 1/29/06 → 2CAL x 4, Boost x 2, Jevity x 1 = 2925 kcal |
| | ☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | Detainee condition stable. |
| | PLAN: ☑ Continue with current regimen ☐ Close medical observation |
| | ☑ Check Labs - CBC 1/31/06 → CBC, BMP, Ca, Phos, Mg, + LFT's |
| | ☐ Change to following: |
| | JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF - JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 29 Jan 04 10:30 | (b)(2) |

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 134.5 lbs ( 1/29 )

Vitals: 1/29 Temp: 98 F HR: 72 /min RR: 12/min BP: 119/71

Condition: Stable

Detainee continues to be uncooperative refusing the meals that against force is providing 3 x a day.

~~TF Day #:~~

Goal daily kcal: > 2600 kcal

Received: 1/28/04 : 2CAL x 4 , Boost x 2 Today 1 = 2976 kcal

☐ Compliant ☑ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Condition: Good. Detainee well hydrated.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMC, Medical Department, Guantanamo Bay, Cuba

20 Jan 06

Medical Nutrition Therapy - Reassessment

I: Enteral Feeding Day #

Diet Order: 4 cans Two Cal, One can Boost +, 2 cans Jevity 1.0
Providing: 2760 calories
114.4 g protein
1253 cc free water

Current Weight: 139.2# (27 Jan)
+/-: 3.3# (180 cm -- 100.4#)
%Ideal Body Weight (IBW): 88 %
Body Mass Index (BMI): 30 %

Medications: ---
Labs: ---
Currently exceeding est reqs for calories and Protein may benefit from additional free water. Good weight appropriate at this calorie level. will continue to follow

P/R:
Please ensure that patient receives an additional 500 cc free water per day. No other recommendations at this time.

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

6 13

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9-85)

NSN 7540-00-634-4176 AUTHORI ) FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 121.2 lbs ( 12.6

Vitals: Temp 97.2F HR: 79 /min RR 18 /min BP: 125/69

TF Day #: 35

Goal daily kcal: 2000

Received: 2 Gal x4 + Boost (+) x2 + Ensure (1) x1 = 2015

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF – JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

21 Jun 04 0944 ~~Progress Note – Medical Staff~~

Patient refused enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 129.2 lbs (1/27)
Vitals: Temp: 99.6 F HR: 71 /min RR: 18 /min BP: 125/69

~~Goal daily kcal:~~ 1Ft 34 Goal Daily KCAL 2400
Received: Ensure x 4 + Boost x 2 + KMD 1-8/1 = 2475

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE'S IDENTIFICATION NUMBER:

649

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIC

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF – JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 26 Jan 06 0840 | (b)(2) |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 128.5 lbs (1126) |
| | Vitals: Temp: 97.5F HR: 82 /min / RR: 14 /min BP: 121/79 |
| | TF Day #: 33 |
| | Goal daily kcal: 2200 |
| | Received: 2 Ca x 4 + Boost ⊕ x 2 + Jevity = 2975 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | D0693 |
| | 3 Jan 06 @ 2222 (Coll) SERUM |
| | TSH ..... 0.52 (.34-4.82) mIU/L |
| | 13 Jan 06 @ 1156 (Coll) SERUM |
| | TSH ..... 1.10 (.34-4.82) mIU/L |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO D |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

25 Jan 06 (b)(2)
1143

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

IF # 328
Weight: 128 lbs (124)
1125 Vitals: Temp: 98 F HR: 81 /min RR: 12 /min BP: 112/70

Goal daily kcal: >2000
Received: 200 x 4 + Boost ⊕ x 2 + Jevity = 2975
☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

093

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 24 Jan 06 1040 | (b)(2) |
| | Progress Note -- Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 127.5 lbs (1/24 ) |
| | Vitals: Temp: F HR: 76 /min RR: 18 /min BP: 101/61 |
| | IF Day #: 31 |
| | Goal daily kcal: 2260 Kcal |
| | Received: 2 cal x3 / Boost + x1 / Ensure x1 = 2975 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693
23 Jan 06 @ 2222 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 76 | | (74-106) | mg/dL |
| BUN | 16 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 143 | | (137-145) | mmol/L |
| K | 4.2 | | (3.5-5.1) | mmol/L |
| CL- | 99 | | (98-107) | mmol/L |
| CO2 | 28.0 | | (22.0-30.0) | mmol/L |
| CA | 9.4 | | (8.4-10.2) | mg/dL |
| MG | 2.10 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 3.70 | | (2.5-4.5) | mg/dL |
| ALBUMIN | 4.6 | | (3.5-5.0) | g/dL |
| WBC | 5.3 | | (4.5-10.8) | x10(9)/L |
| RBC | 4.45 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.5 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 38.8 | L | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 30.3 | | (26.0-34.0) | pg |
| MCHC | 34.8 | | (32-36) | G/DL |
| RDW | 12.2 | | (11-16) | |
| PLT CT | 258 | | (130-400) | x10(9)/L |
| MPV | 11.5 | H | (6-10) | |
| NEUT% | 43.40 | | (39-69) | % |
| LYMPH% | 42.80 | | (37-63) | % |
| MONO% | 9.00 | | (0-13) | % |
| EOS% | 4.30 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |
| NEUT# | 2.28 | L | (2.52-8.64) | x1000/uL |
| LYMPH# | 2.25 | | (.9-4.86) | x1000/uL |
| MONO# | 0.47 | | (0-1.08) | x1000uL |
| EOS# | 0.23 | | (0-.54) | x1000/uL |
| BASO# | 0.03 | | (0-.22) | x1000uL |
| TSH | PENDING | | | |

JTF GTMO Dr.

DETAINEE'S IDENTIFICATION NUMBER:

690

CHRONOLOGICAL RECORD OF MEDICAL
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 24 Jan 06 | (b)(2) |
| | Progress Note - Medical Staff Con't |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | Will con't to monitor ✓ P labs |
| | ☐ Change to following: |
| | JTF GTMO (b)(3):10 USC §130b,(b)(6) |

DETAINEE 'S IDENTIFICATION NUMBER:

643

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

23Jan06 0925 (b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 128 lbs ( 1/23 )

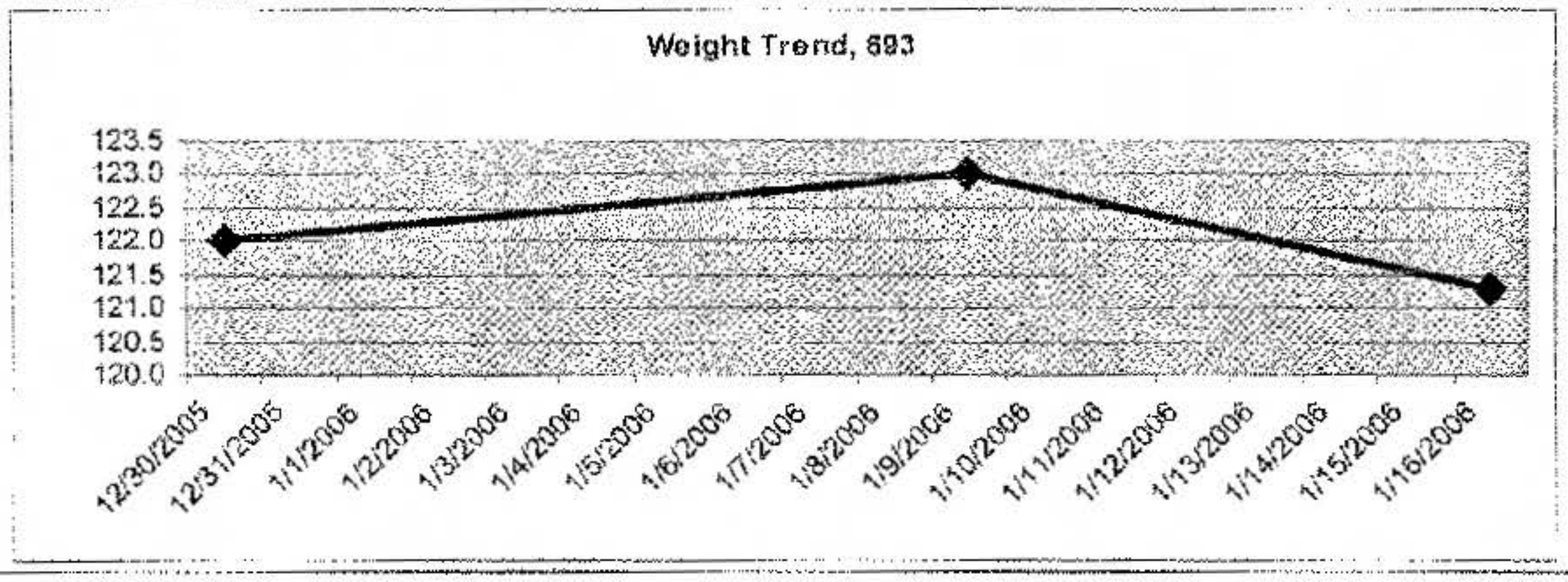
Vitals: Temp: 97F HR: 68 /min RR: 12/min BP: 99/60

Goal daily kcal: 2600 kcal

Received: 2qd x 3 / Boost ⊕ x 1 / Jevity x 2 = 2975

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

JTF –JMG, Medical Department, Guantanamo Bay, Cuba

22 Dec 06 0902 (b)(2)

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 268 lbs (122)

Vitals: Temp: 98 F HR: 64 /min RR: 10 /min BP: 137/66

Goal daily kcal: >2600

Received: 2 cal x 3 / Boost Bx 2 / Nutry x 7 = 2415

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Continue Staff

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

(b)(3)

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG. Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 21 JAN 06 0900 | (b)(2) Progress Note - Medical Staff |
| | Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food~~ |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 1/20/06 lbs ( 126.5 ) |
| | Vitals: 1/20/06 Temp: 97.1°F HR: 85/min RR: 16 /min BP: 118/66 |
| | Goal daily kcal: > 2600 |
| | Received: 1/20 (2 CALX4, BOOST PLUS x2, Jevity x1) = Total 2975 KCAL |
| | ☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | Condition is good. Well hydrated |
| | PLAN: ☑ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

20Jan06 (b)(2)

1624 Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 124.7 lbs ( 119 )

Vitals: Temp: 97 F HR: 76 /min RR: 14 /min BP: 127/86

Goal daily kcal: 2870 kcal 1189 protein 1991 mcfbo 89 fiber

Received: 2Cal x 4 / BoostCx 2 / Jivity x 1 = 2975 kcal

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Good / Stable Condition

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr

Labs 1/17/06

142 | 98 | 16
4.2 | 26.8 | 0.7 \ 104

Ca 9.5
Mg 2.20
PO4 4.20

WNL with exception glucose ↑ due to lab ✓ during feeds

8 / 13.5 / 40.5 / 287

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

1093

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 19Jan06 0939 | (b)(2) |

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Condition well / well hydrated.

rec. 2cal, 1 Boost ⊕, 500 mL H2O am + 2 2cal, 1 Boost ⊕, Entlg 250 mL pm

Weight: 122 lbs ( 118 ) BMI: kg/m² % IBW:

Vitals: Temp: 98 F HR: 71 /min RR: 12 /min BP: 106/71

Goal daily kcal: rec goal 2570 Kcal 118g protein 1700 mL H2O 85 g/lbs

Received:

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☐ Continue with current regimen ☐ Close medical observation

☒ Change to following:

Change diet as rec by Dietician – Appropriate input

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

1/17/06 labs

142 | 98 | 16 / 4.2 | 28 | 0.7 \ 104

48 \ 135 / 63 \ 287 / 200 11.7

MCV 87

alb 4.8 BH 1.10

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

18JAN06 @1255

Medical Nutrition Therapy - Reassessment

I: Enteral Feeding Day #

Diet Order: TT 2Cal + Boost (+) BID
Providing: 2020 calories
108g protein 5g fiber
1021ml free water

Current Weight: 120.9# (18JAN)
+/(-) 2.1# (09JAN - 123#)
%Ideal Body Weight (IBW): 82%
Body Mass Index (BMI): 18.9

Medications: —
Labs: —

Current enteral support meeting est kcal + prot needs; may benefit from additional daily fiber. Ensure adequate free water delivered as well. Weight loss noted however generally stable between 121-125#. Would consider ↑kcal at this time to ensure weight gain/nutrition optimized.

P/R: (1) Recommend diet order Δ:

(am) TT 2Cal, TBoost (+), 500 ml $H_2O$

(pm) TT 2Cal, TBoost (+), TJevity 1.0, 250 ml $H_2O$

↓

2870 kcal
118g prot
1971 ml $H_2O$
8g fiber

(b)(3):10 USC §130b,(b)

DETAINEE'S IDENTIFICATION NUMBER:

#613

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 18 Jan 06 | (b)(2) |
| | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended / voluntarily accepted oral food. |
| | Well hydrated : appears well |
| | Weight: 120.9 lbs (117 ) BMI: kg/m² % IBW: |
| | Vitals: Temp: 98 F HR: 72 /min RR: 16 /min BP: 107/63 |
| | Goal daily kcal: 2600 kcal. |
| | Received: 117 2 cal x 4 \| Boost ⊕ x 2 = 2620 |
| | ☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | Condition Stable. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ~~Hem Cr labs in am~~ K will not need labs in am |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hospital Dr |

DETAINEE'S IDENTIFICATION NUMBER:

043

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 3/85)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

17 Jan 06 (b)(2)
1100

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / ~~voluntarily accepted oral food~~

Detainee is well hydrated. Condition good.
Chart reviewed.

Weight: 1/16 lbs ( 124.3 ) BMI: -- kg/m$^2$ -- % IBW:
Vitals: 1/16 Temp: 98 F HR: 63 /min RR: 14/min BP: 117/70

Goal daily kcal: > 2600 KCAL
Received: 1/16/06: 2CAL x 4, BOOST PLUS x 2 = Total 2620 Kcal.
☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

Condition – good

PLAN: ☑ Continue with current regimen ☐ Close medical observation
☑ Plan for Lab – on 1/19/06
☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF -JMG, Medical Department, Guantanamo Bay, Cuba

16 JAN 06 (b)(2)

16:32 Progress Note -- Medical Staff

Patient refused enteral feeds as recommended ~~voluntarily accepted oral food.~~

Lab: 1/13/06 Detainee is well hydrated. Chart reviewed. Detainee
albumin: 4.8 has no medical complaints this morning
TSH: 1.1 (WL)

Lab: 1/12/06 Weight: 1/6/06 lbs ( 121.3 ) BMI: -- kg/m$^2$ -- % IBW:
Na = 144 Vitals: 1/16/06 Temp: 98 F HR: 63 /min RR: 14 /min BP: 117/70
Cl = 102
K = 4.2 Goal daily kcal: @ 2625 KCal
$CO_2$ = 26.3 Received: 1/15/06 : 2CAL x 4 . BOOST PLUS x 2 = Total KCAL 2620
Ca = 9.5 ☐ Compliant ☑ Non-compliant with enteral feeding ☑ Required medical restraints
Mg = 2.00
Phos = 3.50 The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

WBC - 2.9 Detainee well hydrated.
RBC - 4.69 Recheck Labs to ensure no refeeding syndrome.
Hgb - 13.6 Labs from 1/13/06 are normal range.
HCT - 40.7
PLT - 302K

PLAN: ☑ Continue with current regimen ☐ Close medical observation
Diff - ☑ Recheck Labs - BMP, Ca, Mg, Phos, CBC
Neut - 45% ☐ Change to following:
Lymph - 45%

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

Detention Hospital, JTF-GTMO Cuba

*BEHAVIORAL HEALTHCARE SERVICES FOLLOW-UP*

DATE: 23Jun04
TIME: 1115

DETAINEE: 688-00-695
CELL: -
LANGUAGE: ☐ Pashtu ☒ Arabic ☐ Urdu ☐ Farsi ☒ English ☐ Russian ☐ French ☐ Uzbek

S/O: Detainee praying when psych walked up. The detainee has ISO mat, mattress and two pair of pants with shirts. The detainee had 1 walker and one shoe. No SIB or SA was noted during contact with the detainee. The detainee stated, " I have no problems, me doing good"! The detainee denied SI/HI during visit with psych.

**Mental Status Exam:**

| | | | | | |
|---|---|---|---|---|---|
| Appearance- | ☐ disheveled | ☐ unkempt | ☒ neat/clean | | |
| Distinguishing Features- | ☐ tattoos | ☒ scars | ☒ amputation | ☐ none noted | |
| Alert/Oriented- | ☒ alert | ☐ lethargic | ☐ confused & disoriented | ☐ unable to assess | |
| Speech- | ☐ ranging via interpreter | ☒ normal English | ☐ impaired | ☐ unable to assess | |
| Eye Contact- | ☒ WNL | ☐ limited | ☐ little to none | ☐ none | ☐ scanning |
| Communication- | ☒ normal | ☐ inappropriate | | | |
| Motor Skills- | ☒ WNL | ☐ tremor noted | ☐ pacing | | |
| Mood- | ☒ happy<br>☐ mellow | ☐ irritable<br>☐ anxious | ☐ angry<br>☐ euthymic | ☐ sad<br>☐ elevated | ☐ depressed<br>☐ dysphoric |
| Affect- | ☐ broad/ranging<br>☐ euphoric | ☐ labile<br>☒ congruent | ☐ blunted | ☐ constricted | ☐ flat |
| Thought Content- | ☐ WNL<br>☐ ideas of reference<br>☐ suicidal/homicidal ideation | ☐ delusional<br>☐ obsession | ☐ thought broadcasting<br>☐ thought blocking<br>☐ magical thinking | ☐ racing thoughts | ☐ phobia<br>☐ depersonalization |
| Thought Processes- | ☐ linear<br>☐ flight of ideas | ☒ logical<br>☐ looseness of association | ☐ goal directed | ☐ tangential | |
| Memory- | ☒ intact | ☐ impaired | | | |
| Attention/Concentration- | ☒ WNL | ☐ distracted | | | |
| Intelligence- | ☐ above average | ☒ average | ☐ below average | ☐ illiterate | |
| Insight/Judgement- | ☒ adequate<br>☐ good | ☐ impaired<br>☐ fair | ☐ limited/trouble understanding choices impact on situations<br>☐ poor | | |

A: Depressive D/O NOS borderline and Antisocial Traits. No SIB or SA noted during contact with the detainee. The detainee showed no signs of the diagnosis during the contact with psych staff.

P: Follow up on Mon, Wed, Fri.

- ☐ FU is scheduled for .
- ☐ Initiate or maintain pre-cautions SH SW
- ☐ Recommend medication evaluation.
- ☒ Encourage fluid intake & eating
- ☐ Discuss case at next treatment team
- ☐ Referral to psycholo
- ☐ Recommend dischar

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0695

RECORDS MAINTAINED AT: Flee

| | | SEX: |
|---|---|---|
| 1SV | 0695 | DOB: |

CHRONOLOGICAL RECORD OF MEDICAL CARE

SF 600 (REV 5-84)

ISN: 888-00-693

# RECORD INACTIVATED

(DATE) 10 JUN 2006

SIGNED (b)(3):10 USC §130b,(b)(6)

ENTAL OFFICER

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 30 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | (b)(3):10 USC §130b,(b)(6) | |
| | | | 4/30/04 1415 | | |

(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

693P

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/IOMP, FIRMR (41 CFR) 201-9.202

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/30/06<br>1417 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nur |
| | |
| 4/30/06<br>1424 | **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 stom |
| | insufflation and test dose of water. Successful procedur |
| | GITMO Dr. / Nurse |
| 4/30/06<br>1500 | **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 1500 Detainee ha |
| | episode. Detainee reported the following prob |
| | GITMO Nu |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(continue

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

693 P

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/30/06 | Left arm | 1417 | 1522 | Left leg | 1417 | 1522 |
| | Right arm | 1417 | 1522 | Right leg | 1417 | 1522 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1718 EK | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1718 EK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1718 EK | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1718 EK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

673 p

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 30 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | 4/30/06 0815 | | |

(continue on reverse side)

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

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/30/06 | |
| 0900 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will (b)(3):10 USC §130b,(b)(6) |
| | if he chooses to eat. |
| | |
| | GITMO Nurse |
| | |
| 4/30/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0908 | 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 procedur (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 4/30/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1010 | 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 1010. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on r |

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 509 (REV. 7-61)
Prescribed by GSA/CMR, FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/30/04 | Left arm | 0900 | 1010 | Left leg | 0900 | 1010 |
| | Right arm | 0900 | 1010 | Right leg | 0900 | 1010 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 I K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 17 I K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 17 I K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 17 I K | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

093 A

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

30APR06 (b)(2)

0845 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

∅ problems via Nursing or Guard report
∅ Detainee complaints

Weight: lbs (153.5) 21#
Vitals: Temp: 98 F HR: 70 /min RR: 14 /min BP: 110/72

PE needed today

EF Day #: 125
Goal daily kcal: 2630
Received:
3 Cans Jevity 1.5, 1 Can 1.0 Jevity BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

Watch for wt loss & out of Flesh

(b)(3):10 USC §130b,(b)(6)

JTF GTMO D

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 29Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| 1340 | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(2) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(2) | | |
| | | | 4/29/06 1340 | | |

(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)

WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

673P

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, NRMR (41 CFR) 201-8.202-4

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/29/06 | |
| 1343 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nur |
| | |
| 4/29/06<br>1351 | **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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 4/29/06<br>1438 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| | 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 1438. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on reverse) |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME–l
middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

64 f

NAVHOSPGTMOR/6320/ Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/19/06 | Left arm | 1357 | 1438 | Left leg | 1351 | 1438 |
| | Right arm | 1351 | 1438 | Right leg | 1351 | 1438 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,7,12,I,K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1,7,12,I,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,7,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,7,12,I,K | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Adressograph

645

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 27APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | (b)(3):10 USC §130b,(b)(6) | |
| | | | 4/27/06 084 | | |

(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

693A

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/29/06 | |
| 0852 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nur |
| | |
| 4/29/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0859 | 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 sto (b)(3):10 USC §130b,(b)(6) |
| | insufflation and test dose of water. Successful procedu |
| | GITMO Dr. / Nur |
| 4/29/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0954 | 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 0954 Detainee had / did the restraint |
| | episode. Detainee reported the following problems e. (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

643 9

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/29/06 | Left arm | 0852 | 0954 | Left leg | 0852 | 0954 |
| | Right arm | 0852 | 0954 | Right leg | 0852 | 0954 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1712IK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1712IK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1712IK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1712IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Address-graph

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 29APR06 | (b)(2) |
| 0845 | Progress Note – Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | – Detainee's new complaints: |
| (b)(3):10 USC §130b,(b)(6) | Weight: 152.6 lbs (4/29/06) |
| | Vitals: Temp: 98 F HR: 79 /min RR: 16 /min BP: 116/74 |
| | EF Day #: 124 |
| | Goal daily kcal: 2650 |
| | Received: |
| | 3 cans Jevity 1.5 + 1 can Jevity 1.0 BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hospita |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 28APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | 1220 4/28/06 | | |

(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

693A

AP

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 28 Apr 06<br>1330 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 28 Apr 06<br>1348 | **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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 28 Apr 06<br>1431 | **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 1431. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) int episode. |
| | GITMO Nurse |

(continue on revers

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

PROGRESS NOTES
Medical Record

693

STANDARD FORM 509 (REV. 7-81)
Prescribed by GSA/ICMR, FIRMR (41 CR)

NAVHOSPGTMO[illegible] 6920.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 28 Apr 06 | Left arm | 1348 | 1431 | Left leg | 1348 | 1431 |
| | Right arm | 1348 | 1431 | Right leg | 1348 | 1431 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1112/ 5 1 K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1112 / 5 / K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1112 / 5 / K | | 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 |
|---|---|---|---|
| | | | |
| | | | |

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF – JMG, Medical Department, Guantanamo Bay, Cuba |

28APR06 (b)(2)

1440 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

-Detainee seen + examined w/ interpreter. He denies any new complaints. When asked when his hunger strike will end he stated "when you tell me when I'll leave this place, then I'll eat." I told him I didn't know the answer to that question.

Weight: 153 lbs ( 4/28/06 )
Vitals: Temp: 97 F HR: 79 /min RR: 14 /min BP: 129/68

GEN: WDWN ♂ in NAD resting in a restraint chair HEENT: AT/NC Conj ¢ LAD
CVS: RRR Lungs: CTA (B) Abd: +BS NT/ND Ext: ¢ clcle 2+ pulses @ Rebol ca (B)

EF Day #: 123
Goal daily kcal: 2630
Received:
3 cans Jevity 1.5 + 1 can Jevity 1.0 BID

☑ Compliant ☐ Non-compliant with enteral feeding ☑ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 28Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6) | | |

4/28/06

(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

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 28 April 06<br>0800 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 28 April 06 | Indication: Malnutrition; hunger strike |
| 0814 | 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 procedu (b)(3):10 USC §130b,(b)(6) tions. |
| | GITMO Dr. / Nurse |
| 28 April 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0900 | 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 0900. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following probl (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nur |
| | (continue o |

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by CSA/OMB, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 25 Apr 06 | Left arm | 0814 | 0900 | Left leg | 0814 | 0900 |
| | Right arm | 0814 | 0900 | Right leg | 0814 | 0900 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 |
|---|---|---|---|---|---|
| (b)(3):S(1),(b)(6) | | | | | |

Addressograph

(b)(3):10 USC §130b,(b)(6)

693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 27Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 4/29/06 1900 | | |

(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

STANDARD FORM 508 (REV. 8-64)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 27 Apr 06<br>1400 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 27 Apr 06<br>1406 | **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 (b)(3):10 USC §130b,(b)(6) s. |
| | GITMO Dr. / Nurse |
| 27 Apr 06<br>1451 | **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 1451. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) aint episode. |
| | GITMO Nurse |

(continue on ra

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAM
(middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 27 April | Left arm | 1406 | 1451 | Left leg | 1406 | 1451 |
| | Right arm | 1406 | 1451 | Right leg | 1406 | 1451 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1121 SIK | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1121 I/K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1121 I/K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 27APR06 | (b)(2) |
| 1215 | Progress Note -- Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee 5 new complaints.

Weight: 151.8 lbs (4/27/06)
Vitals: Temp: 98 F HR: 68 /min RR: 14 /min BP: 115/69

EF Day #: 122
Goal daily kcal: 2630 cc if today
Received:
3 cans Jevity 1.5 + 1 can Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 27Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0430 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | 0415 4/27/06 | | |

(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 A

STANDARD FORM 508 (REV. 3-94)
Prescribed by OSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 21Apr06<br>0915 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nu |
| | |
| 21Apr06<br>0930 | **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 (b)(3):10 USC §130b,(b)(6) ons. |
| | GITMO Dr. / Nurse |
| 22Apr06<br>1023 | **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 1023 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following probler (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |
| | (continue on re |

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 27 Apr 06 | Left arm | 0930 | 1023 | Left leg | 0930 | 1023 |
| | Right arm | 0930 | 1023 | Right leg | 0930 | 1023 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 |
|---|---|---|---|
| | | | |
| | | | |

Aldressograph

693

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START | STOP | | | | |
| 26 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(2),(b)(6) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 4/26/06 1340 | | |

(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 P

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 26 Apr 06<br>1340 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 26 Apr 06<br>1346 | **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 procedu (b)(3):10 USC §130b,(b)(6) s. |
| | GITMO Dr. / Nurs |
| 26 Apr 06<br>1440 | **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 1340 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following prob (b)(3):10 USC §130b,(b)(6) sode. |
| | GITMO Nur |
| | (continue o |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

693

P

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 26 Apr 06 | Left arm | 1346 | 1440 | Left leg | 1346 | 1440 |
| | Right arm | 1346 | 1440 | Right leg | 1346 | 1440 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/I/K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1/12/I/K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1/12/I/K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Address/Graph

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

26APR06

1215 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 150.7 lbs ( 4/26/06 ) % IBW based on 24APR06: 104.5%

Vitals: Temp: 98 F HR: 81 /min RR: 16 /min BP: 141/85

- Detainee 5 new complaints.

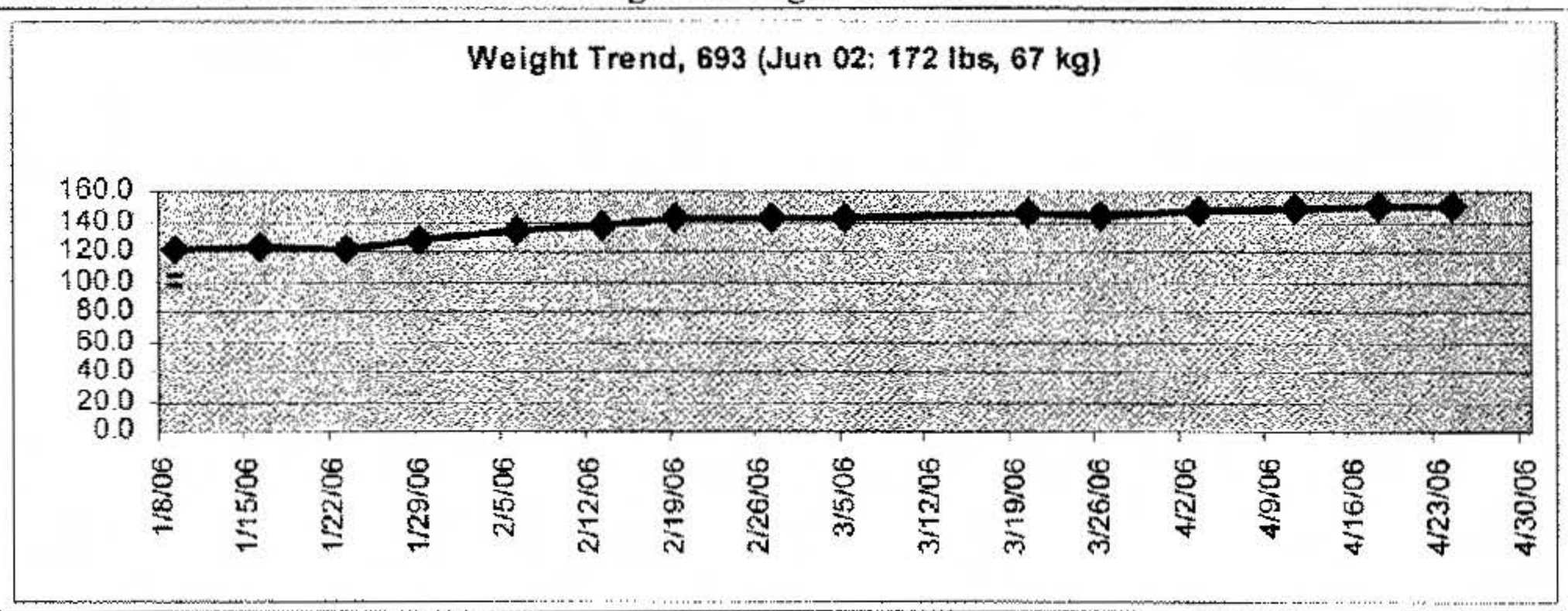
EF Day #: 121

Goal daily kcal: 2840

Received: 4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☐ Continue with current regimen ☐ Close medical observation

☒ Change to following:

→ Detainee's IBW cont to ↑ (103% last week) ∴ will ↓ kcals in diet. Will Δ 1 can per EF from Jevity 1.5 to Jevity 1.0 which will result in 210 kcals less per day

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME START | STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| 26APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | (b)(3):10 USC §130b,(b)(6) | |
| | | | | | |
| | | | 26APR06 0830 | | |

(continue on reverse side)

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

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

STANDARD FOR 508 (REV. 3-80)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 26 APR 06 | |
| 0839 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nurse |
| | |
| 26 APR 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0845 | 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 26 APR 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER** |
| 0934 | 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 0934. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (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

693

STANDARD FORM 509 (Rev. 7-91)
Prescribed by OSA/ICMR, PIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 26 APR 06 | Left arm | 0839 | 0934 | Left leg | 0839 | 0934 |
| | Right arm | 0839 | 0934 | Right leg | 0839 | 0934 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,21K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,21K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,21K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,21K | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b, (b)(6)

(b)(3):10 USC §130b, (b)(6)

| Initials | Signature | Initials |
|---|---|---|
| | | |
| | | |

693a

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 25APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITM | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | | |
| | | | | | |

(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

673 MP

STANDARD FOR 508 (REV. 3-04)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-6.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/05/06 | |
| 1342 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 4/05/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1345 | 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 |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 4/05/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| 1434 | 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 1434 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on r |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAM
middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

693 P

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/25/06 | Left arm | 1342 | 1434 | Left leg | 1342 | 1434 |
| | Right arm | 1342 | 1434 | Right leg | 1342 | 1434 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,J,K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1,12,I,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,I,K | | 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 | | |
| | | | | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| ature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

693 f

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department. Guantanamo Bay, Cuba |
|---|---|
| 25APR06 | (b)(2) |
| 1300 | Progress Note – Medical Staff |
| | Patient offered a meal but refused -enteral feeds as recommended / voluntarily accepted oral |
| - Detainee 5 new | food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| Complaints | Weight: 151.8 lbs (4/25/06) |
| | Vitals: Temp: 98 F HR: 80 /min RR: 16 /min BP: 109/69 |
| | EF Day #: 120 |
| | Goal daily kcal: 2840 |
| | Received: 4 cans Jevity 1.5 BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693
24 Apr 06 @ 1943 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 118 | H | (74-106) | mg/dL |
| BUN | 13 | | (9-20) | mg/dL |
| CREAT | 0.8 | | (0.8-1.5) | mg/dL |
| NA+ | 141 | | (137-145) | mmol/L |
| K | 5.2 | H | (3.5-5.1) | mmol/L |
| CL- | 103 | | (98-107) | mmol/L |
| CO2 | 28.3 | | (22.0-30.0) | mmol/L |
| CA | 9.3 | | (8.4-10.2) | mg/dL |
| TP | 7.9 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.6 | | (3.5-5.0) | g/dL |
| AST | 28 | | (17-59) | U/L |
| ALT | 28 | | (21-72) | UL |
| TBILI | 0.5 | | (0.2-1.3) | mg/dL |
| MG | 2.30 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 3.10 | | (2.5-4.5) | mg/dL |

→ Blood drawn during EF. Follow clinically.

→ No problems w/ ↑K in the past. Follow for now. Likely 2° some hemolysis.

| | | | | |
|---|---|---|---|---|
| WBC | 4.2 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.49 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 14.1 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 41.9 | | (40-54) | % |
| MCV | 93.0 | | (80-94) | fl |
| MCH | 31.3 | | (26.0-34.0) | pg |
| MCHC | 33.6 | | (32-36) | G/DL |
| RDW | 10.4 | L | (11-16) | |
| PLT CT | 239 | | (130-400) | x10(9)/L |
| MPV | 11.5 | H | (6-10) | |
| NEUT% | 45.60 | | (39-69) | % |
| LYMPH% | 44.10 | | (37-63) | % |
| MONO% | 7.40 | | (0-13) | % |
| EOS% | 2.30 | | (0-5) | % |
| BASO% | 0.60 | | (0-2) | % |

→ ANC 1915

JTF GTMO Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 25APR06 | (b)(2) |
| 1300 | Progress Note – Medical Staff Con't |

NEUT# ..... 1.93 L (2.52-8.64) x1000/uL
LYMPH# ..... 1.87 (.9-4.86) x1000/uL
MONO# ..... 0.31 (0-1.08) x1000uL
EOS#..... 0.10 (0-.54) x1000/uL
BASO# ..... 0.03 (0-.22) x1000uL

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Weight graph tomorrow. ↓ kcals in EF pm.

(b)(3):10 USC §130b,(b)(6)

JTF GTM

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 25 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | | | |

(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

693A

STANDARD FORM 508 (REV. 3-94)
Prescribed by OSA/ISOO, 32 CFR 2001-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 4/05/04 | Reason for Restraint: (Medical Necessity) |
| 0700 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 4/05/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0725 | 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 procedu |
| | GITMO Dr. / Nurs |
| 4/05/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0835 | 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 0835 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following probler |
| | GITMO Nurse |

(b)(3):10 USC §130b,(b)(6)

(continue on re

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAM
middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-81)
Prescribed by GSA/ICMR, FIRMR (41CR)

0930

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/25/06 | Left arm | 0700 | 0835 | Left leg | 0700 | 0835 |
| | Right arm | 0700 | 0835 | Right leg | 0700 | 0835 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1, 12, I, K | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | 1, 12, I K | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | 1, 12, I K | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | 1, 12, I, K | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 1, 12, I K | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

(b)(3)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | 7/24/06 | | |

1435 (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'

STANDARD FORM 508 (REV. 8-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-4

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| 24 Apr 06 1435 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 24 Apr 06 1447 | 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 24 Apr 06 1547 | 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 1547. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nurse |
| | (continue on r |

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

693 (P)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMO/NAVF 6120/1 Series

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 24 April 06 | Left arm | 1441 | 1547 | Left leg | 1441 | 1547 |
| | Right arm | 1441 | 1547 | Right leg | 1441 | 1547 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/3/K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1/12/3/K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1/12/3/K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1/12/3/K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1/12/3/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 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

b(3)(P)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) ITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 24/0v 05/0x | | |

(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 A

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201.6.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 24Apr06 | |
| 0900 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 24 April 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0900 | 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 (b)(3):10 USC §130b,(b)(6) ns. |
| | GITMO Dr. / Nurse |
| 24Apr06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1017 | 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 1017. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nurs |
| | (continue on |

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

PROGRESS NOTES
Medical Record

L43 (A)

STANDARD FORM 509 (REV. 7-90)
Prescribed by GSA/OMR, FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 24 Apr 06 | Left arm | 0906 | 1017 | Left leg | 0906 | 1017 |
| | Right arm | 0906 | 1017 | Right leg | 0906 | 1017 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/I/K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1/12/I/K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1/12/I/K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1/12/I/K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1/12/I/K | | 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 |
|---|---|---|---|
| | | | |
| | | | |

693 (A)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

24APR06 (b)(2)

1045 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 152 lbs (4/24/06)
Vitals: Temp: 97.5 F HR: 92 /min RR: 14 /min BP: 109/64

Lab: (P)

EF Day #: 119
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

- Await (P) labs.

JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

**MEDICAL RECORD** — DOCTOR'S ORDERS (Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 23 APRIL | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours (b)(3):10 USC §130b,(b)(6) | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | | | |

(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

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/23/06 | Detainee placed in restraints as per current Guard Force Protocol. |
| 1413 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was |
| | inserted in the X 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **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 1416 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) the restraint episode. |
| | GITMO Nurse |
| | (continue on reve |

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMOENST 6520.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/23/00 | Left arm | 1413 | 1446 | Left leg | 1413 | 1446 |
| | Right arm | 1413 | 1446 | Right leg | 1413 | 1446 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | 1413 | 1,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 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)

Address/Graph

693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 23 08 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 1730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | | | |

(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 A

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/23/06 | Detainee placed in restraints as per current Guard Force Protocol. |
| 0839 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (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 / X 12 F enteral feeding tube was |
| | inserted in the X 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 (b)(3):10 USC §130b,(b)(6) s. |
| | GITMO Dr. / Nurse |
| | **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 0932. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) aint episode. |
| | GITMO Nurse |

(continue on reve

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-81)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMO(NSL 6520 / Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/23/06 | Left arm | 0937 | 0932 | Left leg | 0937 | 0937 |
| | Right arm | 0937 | 0932 | Right leg | 0937 | 0937 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,I,K | | 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 | | |
| | | | 1145 | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Monosograph

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 23APR06 | (b)(2) |
| 1100 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints

Weight: 152.7 lbs (4/23/06)
Vitals: Temp: 98 F HR: 80 /min RR: 16 /min BP: 123/76

EF Day #: 118
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Routine labs in am

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 22 APR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | 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.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FORM 508 (REV. 8-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/22/04<br>1512 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| 4/22/04 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| @ 1519 | 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 |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 4/22/04 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1604 | 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 1604. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems 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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMO 6520.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/22/04 | Left arm | 1512 | 1608 | Left leg | 1512 | 1608 |
| | Right arm | 1512 | 1608 | Right leg | 1512 | 1608 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | 0545 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | 1,12 FTC | (b)(3):10 | 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 | 1,12 FTC | (b)(3):10 USC §130b,(b)(6) | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12 FTC | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12 FTC | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12 FTC | | 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) |
| | | | | |

Addressograph

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

22APR06 (b)(2)

Progress Note -- Medical Staff

1200

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee w/o complaints or new problems related by nurses & guards

Weight: lbs ( 146.7 )
Vitals: Temp: 98 F HR: 92 /min RR: 14 /min BP: 125/70

ϕ PE today
ϕ indications of problem

EF Day #: 117
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

Cont WT monitor
Weekly pedument & day cell day Wed
lab Monday

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START | STOP | | | | |
| 2 APR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 2730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | | | |

[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 A

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by CSA/ICMR FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/22/04 @1123 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed (b)(3):10 USC §130b,(b)(6) nts will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse |
| | |
| 4/22/04 @1123 | **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 procedu (b)(3):10 USC §130b,(b)(6) tions. |
| | GITMO Dr. / Nurs |
| 4/22/04 @1108 | **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 1104. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reve

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/22/06 | Left arm | 1023 | 1104 | Left leg | 1023 | 1104 |
| | Right arm | 1023 | 1104 | Right leg | 1023 | 1104 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | h12 FK | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | h12 FK | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | h12 FK | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

Addressograph

693c

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 21APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | ~~Place Detainee in~~ (b)(3):10 USC §130b (b)(1) Place restraints as per Guard Force Protocol. | | |
| | | | 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 every 1 hours.~~ (b)(3):10 USC §130b | | |
| | | | 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) | | |
| | | | **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 (b)(3):10 USC restraints. | | |
| | | | ~~Detainee was told that he will remain in restraints~~ §130b,( ~~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.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 508 (REV. 3-84)
Prescribed by GSA/OMB 41 CFR 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4/21/04<br>@ 1400 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | ~~Detainee placed i~~ (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) |
| | |
| 4/21/04<br>@ 1400 | **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) |
| 4/21/04<br>@ 1445 | **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 1445. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) int episode. |
| | GITMO Nurse |

(continue on re

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMO/NVT 652 (1 Series)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/21/14 | Left arm | 1400 | 1445 | Left leg | 1400 | 1445 |
| | Right arm | 1400 | 1445 | Right leg | 1400 | 1445 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,15,16 | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,12,15,16 | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,15,16 | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,15,16 | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)

693p

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 21APR06 | (b)(2) |
| 1500 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
- Detainee seen/examined w/ interpreter. He has no complaints. He likes the new dry cell protocol to minimize time in the restraint chair
- When I told him his exam was "good" he asked "Is I can go home now?" I told him if he eats a meal he could leave this block. He chuckled & left.

Weight: 152 lbs ( 4/21/06 )
Vitals: Temp: 98° F HR: 84 /min RR: 18 /min BP: 126/75

GEN: well nourished in NAD in restraint chair HEENT: AT/NC EOMI ↓JVD or neck LAD
CVS: RRR S1/S2 Pulm: CTA(B) Abd: +BS NT/ND Ext: ↓c/c/c

EF Day #: 116
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 B/D

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Cont to monitor weight & kcals per
→ Labs on 24 Apr 06.

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 21Aug06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | ~~Place Detainee~~ (b)(1) Sec 1.4 A Place restraints as per Guard Force Protocol | | |
| | | | 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 every~~ (b)(3):10 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693A

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202.4

MEDICAL RECORD | PROGRESS NOTES (Sign all orders)

| DATE AND TIME | |
|---|---|
| 4/21/14 @0835 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/21/14 @0835 | **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) |
| 4/21/14 @0910 | **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 0912. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) nt episode. |
| | GITMO Nurse |

(continue on rever

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/21/04 | Left arm | 0835 | 0910 | Left leg | 0835 | 0910 |
| | Right arm | 0835 | 0910 | Right leg | 0835 | 0910 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 4,12,E,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 4,12,E,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 4,12,E,K | | 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)

(b)(3):10 USC §130b,(b)(6)

693 A

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD** — **DOCTOR'S ORDERS** (Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 20 APR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | ~~Place Detain~~ (b)(3):10 (b)(1) Place restraints as per Guard Force protocol | | |
| | | | 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 every 4 hours.~~ (b)(3):10 USC | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independ (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints) | | |
| | | | GITMO | | |
| | | | **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 tol~~ (b)(3):10 ~~he will remain in restraints until feed and post feed observation~~ | | |
| | | | ti~~me (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) | | |
| | | | GITMO | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 4/20/06 1452 | | |
| | | | (continue on reverse | | |

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

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by OSD/DCSA, FPMR (41 CFR) 101-11.302-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 20 April 1450 | **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 (60-12~~ (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 20 April 1505 | **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 FEEDING COMPLETE** |
| 20 April 1600 | 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 1600. Detainee ~~had~~ / (did not have) physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reve

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

PROGRESS NOTES
Medical Record

693 (Pa)

STANDARD FORM 558 (Rev. 7-91)
Prescribed by GSA/ICMR (41 CFR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 26 April 06 | Left arm | 1505 | 1605 | Left leg | 1505 | 1605 |
| | Right arm | 1505 | 1605 | Right leg | 1505 | 1605 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/ I/ K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1/12/ I/ K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1/12/ I/ K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1/12/ I/ K | | 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 |
|---|---|---|---|
| | | | |

6 A 3 pm

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
| 20APR06 | (b)(2) |
| 1130 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 149.6 lbs ( 4/20/06 )
Vitals: Temp: 98 F HR: 100 /min RR: 14 /min BP: 130/75

EF Day #: 115
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 20 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours. (b)(3):10 | | |
| | | | 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) | | |
| | | | **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 D (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | not 'under' 0915 | | |

(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 A

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| 20 Apr 06 | |
| 0915 | **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 (60-12 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 20 Apr 06 | Indication: Malnutrition; hunger strike |
| 0933 | 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) |
| 20 Apr 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1130 | 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 1130. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reve

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

PROGRESS NOTES
Medical Record

643

STANDARD FORM 600 (REV. 7-97)
Prescribed by SECNAVINST 5241.2C

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 30 Nov 06 | Left arm | 0933 | 1130 | Left leg | 0933 | 1130 |
| | Right arm | 0933 | 1130 | Right leg | 0933 | 1130 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | (b)(3):10 USC §130b,(b)(6) | | 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) | Signature | Initials | Signature | Initials |
|---|---|---|---|---|
| | | | | |

693 AM

508-111

NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 19AP06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 chec (b)(3):10 USC y 15 mins for the first hour and then every hour. | | |
| | | | Vital signs chec 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (O (b)(3):10 USC §130b,(b)(6) censed Indeper (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints) | | |
| | | | GITM | | |
| | | | **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) | | |
| | | | GITM | | |

(continue on reverse side)

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

REGISTER NO. | WARD NO.

693

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/19/06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| 1430 | 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 (60-12 (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 / X 12 F enteral feeding tube was |
| | inserted in the X 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **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 1600 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems r (b)(3):10 USC §130b,(b)(6) isode. |
| | GITMO Nurse |

Continue on reverse

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

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/19/06 | Left arm | 1430 | 1600 | Left leg | 1430 | 1600 |
| | Right arm | 1430 | 1600 | Right leg | 1430 | 1600 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirement

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1220 | | | 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 | 1,12,13,B,E | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,13 | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,13,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,13 | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,13,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,13 | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,13,I,K | | 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

693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 19AP06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hours.~~ 5/6 | | |
| | | | 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) | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | **OF RESTRAINTS -- MEDICAL OFFICER NOTE** | | |
| | | | Restraint: Medical Necessity for Feeding | | |
| | | | ...ite 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. | | |

(Front side on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; etc. hospital or medical facility) | REGISTER NO. | WARD NO.

693A

| MEDICAL RECORD DATE AND TIME | PROGRESS NOTES (Sign all orders) |
|---|---|
| 4/19/06 | |
| | INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE |
| 0850 | 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- (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| 4/19/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0850 | 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) |
| 4/19/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1035 | 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 1035 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nurse |

(continue on re

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME-last, first, middle initial, color, color hospital or medical facility)

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/19/06 | Left arm | 0850 | 1035 | Left leg | 0850 | 1035 |
| | Right arm | 0850 | 1035 | Right leg | 0850 | 1035 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,13 | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,13 | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,13,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13 | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13 | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13 | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13,I,K | | 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

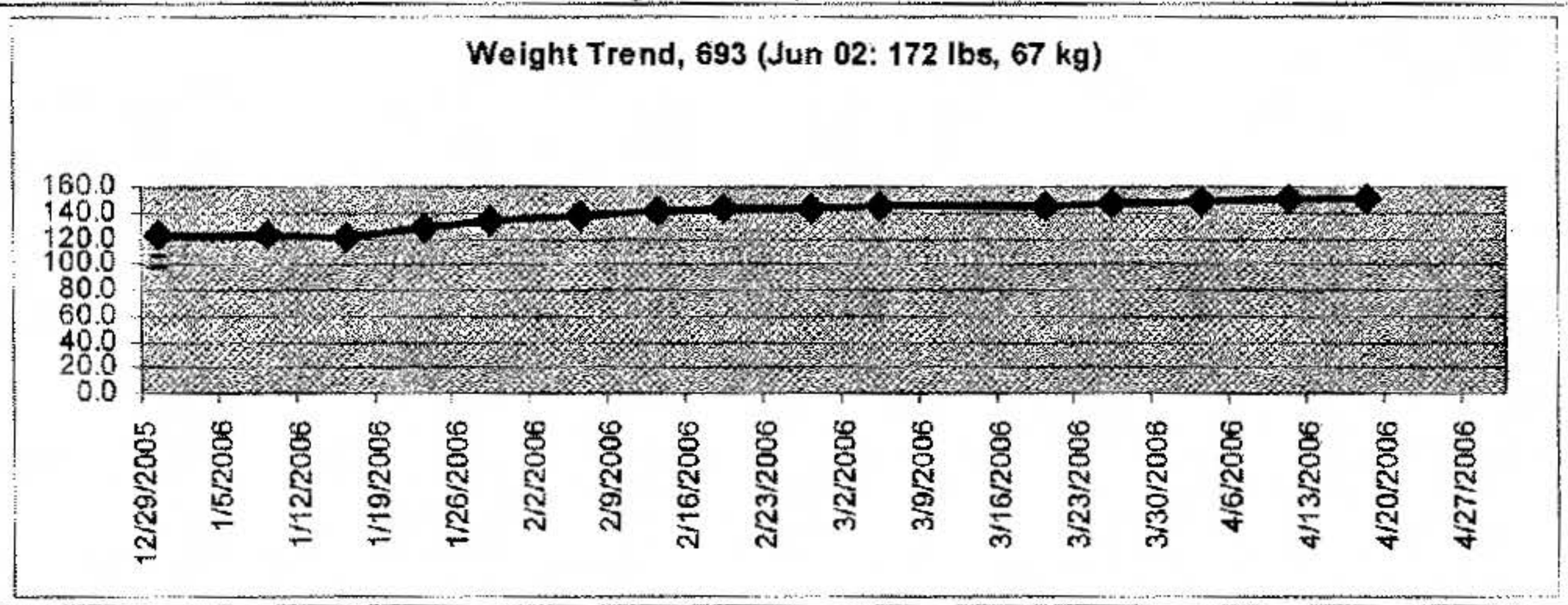
(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 19APR06 | (b)(2) |
| 1035 | Progress Note – Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 148.1 lbs ( 4/19/06 ) % IBW based on 18APR06: 103% |
| | Vitals: Temp: 98 F HR: 82 /min RR: 16 /min BP: 136/92 |
| | - Detainee's new complaints. |
| | EF Day #: 114 |
| | Goal daily kcal: 2840 |
| | Received: 4 cans Jev. + 1.5 BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Cont to monitor. BW 103%. Cont to 100% 1500 May + beak in diet as tolerated.

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 18 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours.~~ 8 hr | | |
| | | | 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) | | |
| NOTE: 18 APR 06 | | | (b)(3):10 USC §130b,(b)(6) C 1410 GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 req (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; rank; role; hospital or medical facility) | REGISTER NO | WARD NO

693

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 18APR06<br>C1440 | **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). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 18APR06<br>C1440 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2 (b)(3):10 USC §130b,(b)(6 X12 F enteral feeding tube was |
| | inserted in the R (b)(3):10 USC §130b,(b)(6) stril using standard procedure. A styl (b)(3):10 USC §130b, was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by (b)(3):10 USC §130b,(b)(6) |
| | Insufflation and test dose of water. Successful procedure without complications |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 18APR06<br>C1635 | 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 1635 Deta (b)(3):10 USC §130b,(b) did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episod (b)(3):10 USC |
| | GITMO Nurse |

(continue on reverse side)

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

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# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 15 DEC 06 | Left arm | 1440 | 1635 | Left leg | 1440 | 1635 |
| | Right arm | 1440 | 1635 | Right leg | 1440 | 1635 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,B,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,13,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,13,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,13,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,13,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,13,I,K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,13,I,K | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | 1,12,13,I,K | | 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 |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 18 APR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| NOTED: 18 APR 06 @ 0900 | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. | | |

(continue on reverse side)

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

REGISTER NO. | WARD NO.

653 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 18 APR 06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| @ 0939 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 18 APR 06 | Indication: Malnutrition; hunger strike (b)(3):10 USC §130b,(b)(6) |
| @ 0939 | Under local anesth (b)(3):10 USC §130b,(b)(6) cous lidocaine, 2% 12 F enteral feeding tube was |
| | inserted in the (b)(3):10 USC §130b,(b)(6) stril using standard procedure. A sty (b)(3):10 USC as 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 FEEDING COMPLETE** |
| 18 APR 06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| @ 1130 | and was released from restraints and r (b)(3):10 USC d to his cell in good condition. Detainee was |
| | released from restraints at 1130 Deta (b)(3):10 USC ad / 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 side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME-last, first, middle initial, medical rec, hospital or institution (facility))

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 18 APR 06 | Left arm | 0939 | 1130 | Left leg | 0939 | 1130 |
| | Right arm | 0939 | 1130 | Right leg | 0939 | 1130 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,B,I | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,B,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,B,I,K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13,I,K | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,13,I,K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 1,12,13,I,K | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | 1,12,13,I,K | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | 1,12,13,I,K | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | N/A | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

18APR06 (b)(2)

1030 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended // voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee is now complaints

Weight: 149.8 lbs (4/18/06)
Vitals: Temp: 98 F HR: 85 /min RR: 16 /min BP: 117/73

EF Day #: 113
Goal daily kcal: 2870
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospi

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 17 Apr 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independer (b)(3):10 USC §130b,(b)(6) of restraints) | | |
| [illegible]: 17 APR 06 C 1400 | | | (b)(3):10 USC GITMO D | | |
| | | | **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 l (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; name hospital or medical facility) | REGISTER NO. | WARD NO.

69

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 17APR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 1419 | 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 medica (b)(3):10 USC §130b,(b)(6) |
| | restraints until feed and post feed observation (60-120 minutes). |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 17APR06 | Indication: Malnutrition; hunger strike |
| C 1419 | Under local anes (b)(3):10 USC §130b,(b)(6) is lidocaine, 2% (b)(3):10 USC §130b,( 10 F / 12 F enteral feeding tube was |
| | inserted in the (b)(3):10 USC §130b,(b)(6) il using standard procedure. A styl (b)(3):10 USC §130b,( was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications. (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 17APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1605 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1605 Detai (b)(3):10 USC did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episo (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reverse side)

PATIENT'S CERTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME-last, first, middle; ward or room; hospital or medical facility)

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 12DEC06 | Left arm | 1419 | 1605 | Left leg | 1419 | 1605 |
| | Right arm | 1419 | 1605 | Right leg | 1419 | 1605 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1220 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | N/A | | 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 | 1,12,13,B,I,k,P | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,13,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,13,I,k | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,13,I,k | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,13,I,k | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,13,I,k | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,13,I,k | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | N/A | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 17APR06 | (b)(2) |
| 1100 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 157.5 lbs (4/17/06)
Vitals: Temp: 99 F HR: 84 /min RR: 16 /min BP: 113/62

EF Day #: 112
Goal daily kcal: 2840
Received: 4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

SC6-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 17 Apr | 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 every 4 hours. | | |
| | | | 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) ...ts) | | |
| NOTED: HARPOC 0815 | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL OF** | | |
| | | | 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 req (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(continue on reverse side)

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

REGISTER NO. WARD NO.

073 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 17APR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 0845 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 17APR06 | Indication: Malnutrition; hunger strike |
| C 0845 | Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b,(b) 12 F enteral feeding tube was |
| | inserted in the X R (b)(3):10 USC ostril using standard procedure. A styl (b)(3):10 USC was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 17APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1020 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1020 Detain (b)(3):10 USC §130b, 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 side)

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

PROGRESS NOTES

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 17 APR 06 | Left arm | 0845 | 1900 | Left leg | 0845 | 1900 |
| | Right arm | 0845 | 1900 | Right leg | 0845 | 1900 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,6,5,K,P | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,13,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,13,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,13,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13,I,K | | 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)

(b)(3): 10 USC §130b, (b)(6)

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508-111 NSN 7540-00-634-4121

**MEDICAL RECORD** — **DOCTOR'S ORDERS** (Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 16 APR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hou (b)(3):10 USC | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independent Pr (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints) | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. | | |
| | | | **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. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. | | |

(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.

653 P

DOCTOR'S ORDERS
MEDICAL RECORD

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4/16/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| 1410 | 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) |
| | |
| 4/16/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1410 | 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 procedur (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 4/16/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER I** |
| 1340 | 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 1340. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse side)

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

PROGRESS NOTES
Medical Record

113

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 16 APR 06 | Left arm | 1410 | 1540 | Left leg | 1410 | 1540 |
| | Right arm | 1410 | 1540 | Right leg | 1410 | 1540 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1, 12, 13, F, K, O | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1, 12, 13 | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1, 12, 13, F, K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1, 12, 13 | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1, 12, 13 | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1, 12 | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1, 12, 12, F, 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 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Signature | Initials |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

**DATE** | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

16 Apr

Progress Note – Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 147.7 lbs ( )

Vitals: Temp: 99 F HR: 77 /min RR: 14 /min BP: 128/70

Refused

EF Day #: 111

Goal daily kcal: 2890

Received: 4 cans Jevity 1.5 = 2820

☐ Compliant ☒ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE 'S IDENTIFICATION NUMBER:

673

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 16 Nov 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4 A | | |
| | | | 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 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) | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | ~~NTS – 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.

DOCTOR'S ORDERS
MEDICAL RECORD

693A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/16/06 | |
| 0910 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in (b)(1) Sec 1.4.A 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) |
| | |
| 4/16/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0910 | 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) |
| 4/16/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1030 | 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 1030 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems r[illegible] episode. |
| | GITMO Nurse (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)

PROGRESS NOTES
Medical Record

643

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/16/06 | Left arm | 0910 | 1945 | Left leg | 0910 | 1945 |
| | Right arm | 0910 | 1945 | Right leg | 0910 | 1945 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,I,K,O, | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,13 | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,13 | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13 | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13 | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13 | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,13,I,K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)

G13

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

## DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 15 APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL O** | | |
| | | | 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 r (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr | | |

(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<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/15/00 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| 1425 | 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 (60-1 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was |
| | inserted in the X 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 procedur (b)(3):10 USC §130b,(b)(6) ons. |
| | GITMO Dr. / Nurse |
| | **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 1600. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem related to the restraint episode. None |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on re

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

PROGRESS NOTES
Medical Record

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/13/00 | Left arm | 1425 | 1600 | Left leg | 1425 | 1600 |
| | Right arm | 1425 | 1600 | Right leg | 1425 | 1600 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1, 12, I, K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1, 12, I, K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1, 12, I, K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1, 12, I, K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1, 12, I, K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1, 12, I, K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1, 12, I, K | | 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)

(b)(3):10 USC §130b, (b)(6)

093

**MEDICAL RECORD**

## DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 15Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6 | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

MEDICAL RECORD

# PROGRESS NOTES
(Sign all orders)

| DATE AND TIME | |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/15/06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| 0835 | 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- (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was |
| | inserted in the X 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **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 1000. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. None |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/12/06 | Left arm | 0830 | 1000 | Left leg | 0830 | 1000 |
| | Right arm | 0830 | 1000 | Right leg | 0830 | 1000 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | 083[redacted] | 1,12,I,K | (b)(3):10 USC §130b,(b)(6) | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,I,K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

15APR06 (b)(2)

0950 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 149 lbs (4/15/06)
Vitals: Temp: 99 F HR: 105 /min RR: 16 /min BP: 128/73

EF Day #: 110
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☑ Compliant ☐ Non-compliant with enteral feeding ☑ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☑ Continue with current regimen ☐ Close medical observation
☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 19A(06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/14 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| 1600 | 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)( |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 4/14 | Indication: Malnutrition; hunger strike |
| 1600 | 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 F[illegible]LETE** |
| | 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 1616. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC |

(continue on rev[illegible])

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: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/14 | Left arm | 1426 | 1616 | Left leg | 1426 | 1616 |
| | Right arm | 1426 | 1616 | Right leg | 1426 | 1616 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K,L | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,I,K | | 2130 | | |
| 0245 | | | 0945 | | | 1545 | 1,12,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,I,K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,I,K | | 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 |
|---|---|---|---|
| | | | |

6930

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 14APR06 | (b)(2) |
| 1540 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee seen + interviewed w/ interpreter. He c/o occasionally feeling lightheaded. Denies LOC. No other c/o. Denies vertigo or weakness.

Weight: 150 lbs (4/10/06)
Vitals: Temp: 97.5 F HR: 74 /min RR: 16 /min BP: 133/90

GEN: WDWNM in NAD in restraint chair CV: RRR S M/G/R Neck: ↓LAD
Pulm: CTA-(B) Abd: +BS NT/ND Ext: 2+ pulses Radial aa (B)

EF Day #: 109
Goal daily kcal: 2540
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Regularly recent dizziness. I've advised detainee to remain well hydrated. BP looks good. Mental status normal. Follow closely. No further c/o at this time.

JTF GTMO Detention Hospital D (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 14AP06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 re (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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

693A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/14/02<br>1030 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/14/02<br>1030 | **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) |
| 4/14/02<br>1135 | **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 1135. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

4-93-2

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/14/06 | Left arm | 1030 | 1135 | Left leg | 1030 | 1135 |
| | Right arm | 1030 | 1135 | Right leg | 1030 | 1135 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0500 | | | 1200 | | | 1800 | | |
| 0015 | | | 0515 | | | 1215 | | | 1815 | | |
| 0030 | | | 0530 | | | 1230 | | | 1830 | | |
| 0045 | | | 0545 | | | 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 | L,D,I,K | (b)(3):10 USC §130b,(b)(6) | 1630 | | | 2230 | | |
| 0445 | | | 1045 | L,D,I,K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | L,D,I,K | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | L,D,I,K | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | L,D,I,K | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature | Initials |
|---|---|---|---|---|---|
| | | | | | |

(b)(3):10 USC §130b,(b)(6)

693 a

SC8-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 13 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| NOTE: 13 Apr 06 | | | 1400 (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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; unit; hospital or medical facility) | REGISTER NO. | WARD NO.

693

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 13APR06 | Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity |
| C 1418 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 13APR06 | Indication: Malnutrition; hunger strike |
| C 1418 | Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b) / 12 F enteral feeding tube was |
| | inserted in the R (b)(3):10 USC §130b,(b) tril using standard procedure. A styl (b)(3):10 USC §130b,(b) was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 13APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1610 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1610 Detain (b)(3):10 USC §130b,(b) id not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episod (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reverse side)

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

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 13 APR 06 | Left arm | 1418 | 1610 | Left leg | 1418 | 1610 |
| | Right arm | 1418 | 1610 | Right leg | 1418 | 1610 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimum Time Requirements

| 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 | 12,13,B,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 12,13,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 12,13,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 12,13,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 12,13,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 12,13,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 12,13,I,K | | 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 |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

508-111 NSN 7540-00-534-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | ℞ | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 13APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| NSRD | 13APR06 0900 | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 requ (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(continue on reverse side)

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

REGISTER NO | WARD NO

693A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 15APR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 0918 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 15APR06 C 0918 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b,(b)(6) 12 F enteral feeding tube was |
| | inserted in the X R (b)(3):10 USC ostril 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 FEEDING COMPLETE** |
| 15APR06 0915 | 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 1115. Detainee (b)(3):10 USC 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 side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME-last, first, middle; grade; rank; no. (civilian or military facility)

623

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 13 APR 06 | Left arm | 0918 | 1115 | Left leg | 0918 | 1115 |
| | Right arm | 0918 | 1115 | Right leg | 0918 | 1115 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | 1320 | | | 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 | 1,12,13,B,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,I,K,13 | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,B,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13,I,K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13,I,K | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,13,I,K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 1,12,13,I,K | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | 1,12,13,I,K | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | N/A | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |
| Signature | | Initials | Signature | | Initials | Signature | | Initials | | | |

(b)(3):10 USC §130b, (b)(6)

(b)(3):10 USC §130b, (b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 13APR06 | (b)(2) |
| 1040 | Progress Note – Medical Staff |
| | Patient offered a meal but refused -enteral feeds as recommended ) voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 150.3 lbs (4/13/06) |
| | Vitals: Temp: 98 F HR: 85 /min RR: 16 /min BP: 105/65 |
| | -Detainee's any new complaints- |
| | EF Day #: 108 |
| | Goal daily kcal: 2840 |
| | Received: 4 cans Jevity 1.5 |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693
12 Apr 06 @ 1248 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 113 | H | (74-106) | mg/dL → During EF - will monitor |
| BUN | 12 | | (9-20) | mg/dL |
| CREAT | 0.8 | | (0.8-1.5) | mg/dL |
| NA+ | 139 | | (137-145) | mmol/L |
| K | 4.1 | | (3.5-5.1) | mmol/L |
| CL- | 101 | | (98-107) | mmol/L |
| CO2 | 27.4 | | (22.0-30.0) | mmol/L |
| CA | 9.2 | | (8.4-10.2) | mg/dL |
| TP | 8.1 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.5 | | (3.5-5.0) | g/dL |
| AST | 31 | | (17-59) | U/L |
| ALT | 27 | | (21-72) | UL |
| TBILI | 0.5 | | (0.2-1.3) | mg/dL |
| MG | 2.00 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 3.00 | | (2.5-4.5) | mg/dL |

| | | | | |
|---|---|---|---|---|
| WBC | 3.3 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.33 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.8 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 40.8 | | (40-54) | % |
| MCV | 94.1 | H | (80-94) | fl |
| MCH | 31.9 | | (26.0-34.0) | pg |
| MCHC | 33.9 | | (32-36) | G/DL |
| RDW | 11.7 | | (11-16) | |
| PLT CT | 235 | | (130-400) | x10(9)/L |
| MPV | 11.14 | H | (6-10) | |
| NEUT% | 30.90 | L | (39-69) | % |
| LYMPH% | 60.40 | | (37-63) | % |
| MONO% | 5.40 | | (0-13) | % |
| EOS% | 2.70 | | (0-5) | % |
| BASO% | 0.60 | | (0-2) | % |

→ ANC 1020

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Dr

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 13 APR 06 | (b)(2) |
| 1040 | Progress Note – Medical Staff Con't |

NEUT# ..... 01.01 L (2.52-8.64) x1000/uL
LYMPH#..... 1.98 (.9-4.86) x1000/uL
MONO# ..... 0.18 (0-1.08) x1000uL
EOS#..... 0.09 (0-.54) x1000/uL
BASO# ..... 0.02 (0-.22) x1000uL
NEUT/100 WBC..... 28 L (51-67) %
LYMPH/100 WBC ..... 63 H (21-35) %
MONO/100 WBC..... 5 (4-8) %
EOS/100 WBC ..... 4 (1-4) %
BASO/100 WBC..... 0 (0-2) %
PLT EST .....ADEQUATE 140,000-440,000/mm3
DIFF/TECH/COMM..... mam
NORMOCYTIC.....NORMOCYTIC
NORMOCHROM.....NORMOCHROMIC

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Defer exam + interview to tomorrow.

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Dr

DETAINEE 'S IDENTIFICATION NUMBER:

693

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
**MEDICAL RECORD**
**STANDARD FORM 600 (rev. 9/05)**

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 red (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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 P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/12/04<br>0 1445 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/12/04<br>0 1445 | **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) |
| 4/12/04 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F E** |
| | 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 1600. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on r

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

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/12/14 | Left arm | 1465 | 1600 | Left leg | 1465 | 1600 |
| | Right arm | 1465 | 1600 | Right leg | 1465 | 1600 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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. PI/staff interaction
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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 1,12,Eil | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,Eil | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,Eil | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,Eil | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,Eil | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,Eil | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,Eil | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,Eil | | 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b

508-111 NSN 7540-00-834-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| NOTED: 12APR06 C 0800 | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 re (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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

693A

STANDARD FORM 502 (REV. 1/4)
Prescribed by DMA/OSR FIRMR (4 CFR) 101-11.302-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 12 APR 06<br>@ 0825 | **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). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 12 APR 06<br>@ 0825 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b)(6) 12 F) enteral feeding tube was |
| | inserted in the R (b)(3):10 USC nostril using standard procedure. A st (b)(3):10 USC was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 12 APR 06<br>@ 1020 | 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 1020 Detai (b)(3):10 USC did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episod (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reverse side)

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR 41 CFR 101-11.4(CP)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 12 Apr 06 | Left arm | 0825 | 1020 | Left leg | 0825 | 1020 |
| | Right arm | 0825 | 1020 | Right leg | 0825 | 1020 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | N/A | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 1,12,13,B,I,K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,13,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,I,K,B | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,I,K,13 | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,13,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13,I,K | | 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 | | | | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials | Signa |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

L93

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 12APR06 | (b)(2) |
| 1000 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 150.6 lbs (4/12/06) % IBW based on 11APR06: 103.4%

Vitals: Temp: 99 F HR: 105 /min RR: 16 /min BP: 115/69

- Detainee 5 new complaints - Lab (P)

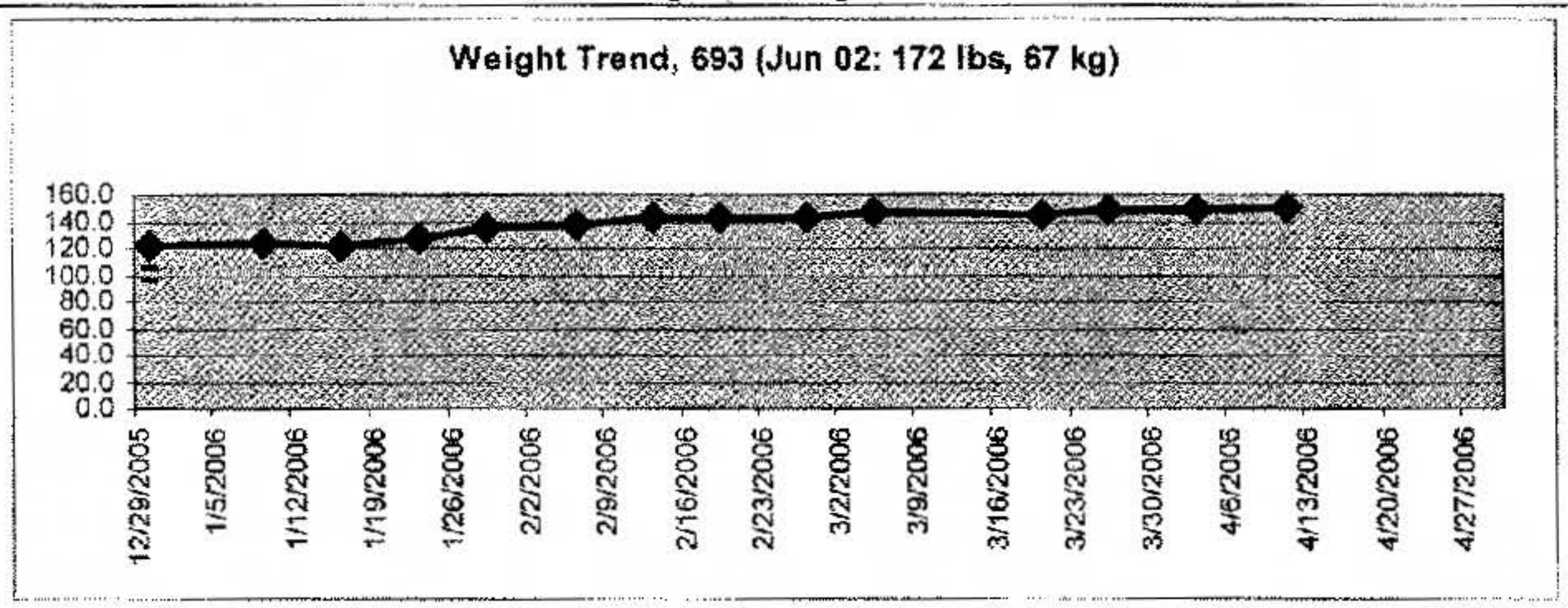
EF Day #: 107

Goal daily kcal: 2840

Received: 4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ If % IBW continues to rise will ↓ kcals in diet next week.
→ F/u on pending labs
→ Interview + examine w/ intake-pt. tomorrow.

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 11APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independent Pra (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints) | | |
| | | | GITMO Dr. | | |
| | | | **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

DOCTOR'S ORDERS
MEDICAL RECORD

693 P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/11/06 | Detainee placed in (b)(1) Reason for Restraint: Medical Necessity |
| 1412 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes) |
| | (b)(3):10 USC §130b,(b)(6)<br>GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was |
| | inserted in the X 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **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 1540 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. None |
| | GITMO Nurse |

(continue on reverse side)

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 [illegible]
[illegible]

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/8/06 | Left arm | 1412 | 1540 | Left leg | 1412 | 1540 |
| | Right arm | 1412 | 1540 | Right leg | 1412 | 1540 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,I,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 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | | | |

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

**DATE** | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

11APR06 (b)(2)

1100 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. / Detainee appears to be well hydrated. His condition is good.

- Detainee 5 new complaints. Per Guards he did many laps during Rec time.

Weight: 150.3 lbs (4/11/06)
Vitals: Temp: 98 F HR: 72 /min RR: 12/min BP: 113/69

EF Day #: 106
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ ✓ CBC, CMP, Mg, Phos (q 2 week labs)

JTF GTMO Detention Hospital Dr (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 11 APR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 4/11/06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| 0517 | 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 (60-1 (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 / X 12 F enteral feeding tube was |
| | inserted in the X 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **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 0954 ~~1012~~. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | (continue on r |

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

693

PROGRESS NOTES
Medical Record

DD FORM 1 OCT 85 (REV. 7-01)
Previous editions are obsolete. S/N 0102-LF-000-4011

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/4/06 | Left arm | 0917 | ~~1017~~ 0954 | Left leg | 0917 | ~~1017~~ 0954 |
| | Right arm | 0917 | ~~1017~~ 0954 | Right leg | 0917 | ~~1017~~ 0954 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 1,12,I,K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | ~~1,12,I,K~~ | | 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 |
|---|---|---|---|
| | | | |
| | | | |

6031

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 10Apr | 06 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | PM | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hours. | | |
| | | | 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) n 1 hour of restraints) | | |
| | | | GITMO Dr. | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL O** | | |
| | | | Reason for Restraint: Medical Necessity for F | | |
| | | | 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 lo (b)(3):10 USC §130b,(b)(6) | | |
| | | | C | | |

(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.

673 P

DOCTOR'S ORDERS
MEDICAL RECORD

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/16/04 @ 1530 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in (b)(1) Sec 1.4.A 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) |
| | |
| 4/16/04 @ 1530 | **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) |
| 4/16/04 @ 1730 | **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 1730. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/10/04 | Left arm | 1530 | 1730 | Left leg | 1530 | 1730 |
| | Right arm | 1530 | 1730 | Right leg | 1530 | 1730 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12 E,K | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | 1,12 E,K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1,12 E,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,12 E,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12 E,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12 E,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12 E,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12 E,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12 E,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 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature | Initials |
|---|---|---|---|---|---|
| | | | | | |

(b)(3):10 USC §130b,(b)(6)

C073p

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

10APR06 (b)(2)

1100 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee's new complaints

Weight: 152.2 lbs (4/10/06)
Vitals: Temp: 99 F HR: 97 /min RR: 14 /min BP: 110/65

EF Day #: 1-5
Goal daily kcal: 2840
Received:
4 Cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 10 Apr | 06 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | AM | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 re (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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 A

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-4)
Prescribed by 5 JMRO-R, FPMR (41 CFR) 101-11.3

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4/10/06 @ 0805 | **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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 4/10/06 @ 0830 | **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 |
| 4/10/06 @ 1000 | **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 1000. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-67)
PRESCRIBED BY USA/MDAR, - IPMR (4100)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/10/04 | Left arm | 0805 | 1000 | Left leg | 0805 | 1000 |
| | Right arm | 0805 | 1000 | Right leg | 0805 | 1000 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 1,12,I,K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,I,K | | 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 | Sig |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

623a

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

**DOCTOR'S ORDERS**
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 0924/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (b)(3):10 USC §130b,(b)(6) sed Independent Practitioner (LIP) within 1 hour of restraints) | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | S -- 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 r (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr | | |
| | | | | | |
| | | | | | |

(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

693P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/9/06<br>1605 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/9/06<br>1605 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), F / 12 F enteral feeding tube was |
| | inserted in the _ R / L nostril using standard (b)(3):10 USC §130b,(b)(6) ure. 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) |
| 4/9/06<br>1745 | **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 1745 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse s

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 509 (REV. 7/70)
Prescribed by GSA/ICMR 41 CFR (101-11.6)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/9/06 | Left arm | 1605 | 1745 | Left leg | 1605 | 1745 |
| | Right arm | 1605 | 1745 | Right leg | 1605 | 1745 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,I,K,P | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,13 | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | 1,12,13,I,K | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | 1,12,13 | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | 1,12,13,I,K | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | 1,12,13 | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | 1,12,13,I,K | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | 1,12,13 | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 09MAR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (b)(3):10 USC §130b,(b)(6) ) within 1 hour of restraints) | | |
| | | | 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.

DOCTOR'S ORDERS
MEDICAL RECORD

643 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/9/06 | |
| 0935 | **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 m (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 4/9/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0935 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2 (b)(3):10 USC F X 12 F enteral feeding tube was |
| | inserted in the _ R / X 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) |
| 4/9/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1125 | 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 1125 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems rel sode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse sid

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 509 (REV. 7-91)
Prescribed by GSA/ICMD FIRM 41 CFR

L413

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/9/06 | Left arm | 0935 | 1125 | Left leg | 0935 | 1125 |
| | Right arm | 0935 | 1125 | Right leg | 0935 | 1125 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,5,K,13 | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13 | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13,5,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13 | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13 | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,13,5,K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 1,12,13 | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | 1,12,13 | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | 1,12,13,5,K | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

(b)(3): 10 USC §130b, (b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | | | |

6-9 3

08-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 08APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| NOTED: 08APR06 @ 1400 | | | (b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 req (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | | | |

(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 P

STANDARD FORM 700 (REV. 10-4)
Prescribed by OPNAVINST 5112.1 (31 CFR) 201.3 (b)(4)

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - NURSING NOTE** |
| 08APR06 | Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity |
| C1417 | 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 med (b)(3):10 USC §130b,(b)(6) |
| | restraints until feed and post feed observation (60-120 minutes). |
| | GITMO Nurse |
| | |
| 08APR06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| C1417 | Indication: Malnutrition; hunger strike (b)(3):10 USC §130b,(b)(6) |
| | Under local anesthesia (viscous lidocaine, 2 / 12 F enteral feeding tube was |
| | inserted in the R (b)(3):10 USC ostril using standard procedure. A sty (b)(3):10 USC §130b,(b) 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 FEEDING COMPLETE** |
| 08APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C1610 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1610 Detain (b)(3):10 USC §130b,(b) id 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 side)

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

#693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-61)
Prescribed by GO/DON'T E. EMR (41C.R)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 28AUG06 | Left arm | 1417 | 1610 | Left leg | 1417 | 1610 |
| | Right arm | 1417 | 1610 | Right leg | 1417 | 1610 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | [illegible] | | | 1430 | 1,12,B,I,K | | 2030 | | |
| 0245 | | | [illegible] | | | 1445 | 1,12,B,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,I,K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0520 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

#693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| 1070 | 05APR06 | 0800 | (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 rec (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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 A

STANDARD FORM 508 (REV. 3-76)
Prescribed by SecNav Instr. 1850.4 (Pt. C, Ch. 9)

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 08APR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 0850 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 08APR06 | Indication: Malnutrition; hunger strike |
| C 0850 | Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b)(6) / 12 F (b)(3): 10 USC feeding tube was |
| | inserted in the R (b)(3): 10 USC nostril using standard procedure. A styl (b)(3): 10 USC was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications. (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 08APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1045 | and was released from restraints and ret (b)(3):10 USC §130b,(b) his cell in good condition. Detainee was |
| | released from restraints at 1045. Detain did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode (b)(3):10 USC |
| | GITMO Nurse |

(continue on reverse side)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 2-91)
Prescribed by GSA, OMB, FPMR (41 CFR) 101-11.4

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 06APR06 | Left arm | 0850 | 1045 | Left leg | 0850 | 1045 |
| | Right arm | 0850 | 1045 | Right leg | 0850 | 1045 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K,P,Q | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,I,K | | 1515 | | | 2115 | | |
| 0230 | | | 0930 | 1,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,I,K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,I,K | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,I,K | | 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)

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | (b)(2) SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

9 Apr 06
1030

Progress Note -- Medical Staff

Patient refused enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 142.8 lbs ( )

Vitals: Temp: 99 F HR: 96 /min RR: 16 /min BP: 112/63

Cont CD Cont Reg Ensure

EF Day #: 104

Goal daily kcal: 2840

Received: 4 cans Ensure 1,580

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☒ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

08APR06 (b)(2)

0853 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended & voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee's new complaints

(b)(3):10 USC §130b,(b)(6)

Weight: 150.8 lbs (4/8/06)
Vitals: Temp: 99 F HR: 92 /min RR: 18 /min BP: 108/60

EF Day #: 102
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 07APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| NOTED: DTHPROC 1300 | | | (b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL** | | |
| | | | Reason for Restraint: Medical Necessity for Feeding | | |
| | | | Despite being advised that hunger striking is detrimental to his health, the detainee refuses to | | |
| | | | eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There | | |
| | | | is no evidence that medications or a medical process is causing this detainee's | | |
| | | | refusal to eat. Detainee does not have any medical condition/disability that would place | | |
| | | | him at greater risk during feeding using medical restraints. | | |
| | | | Detainee will be observed continually while in medical restraints. | | |
| | | | Detainee was told that he will remain in restraints until feed and post feed observation | | |
| | | | time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary | | |
| | | | feeding in medical restraints will no longer be (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

693P

STANDARD FORM 508 (REV. 1-64)
Prescribed by Guidelines, TBMR (SECTR) 101-1.2-07.1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 2MAR06 | Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity |
| 1322 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 2MAR06 | Indication: Malnutrition; hunger strike |
| 1322 | Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b) F 12 F enteral feeding tube was |
| | inserted in the R (b)(3):10 USC §130b, ostril using standard procedure. A style (b)(3):10 USC §130b,( was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 2MAR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| 1500 | and was released from restraints and ret his cell in good condition. Detainee was |
| | released from restraints at Detain (b)(3):10 USC §130b,(b) id not have physical injury from (b)(3):10 USC §130b,(b)(6) |
| | episode. Detainee reported the following problems related to the restraint episod |
| | GITMO Nurse |

(continue on reverse side)

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

PROGRESS NOTES
Medical Record

693

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 07APR06 | Left arm | 1322 | 1500 | Left leg | 1322 | 1500 |
| | Right arm | 1322 | 1500 | Right leg | 1322 | 1500 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 4,12,I,K | (b)(3):10 USC §130b,(b)(6) | 1930 | | |
| 0145 | | | 0745 | | | 1345 | 4,12,I,K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 4,12,I,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 4,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 4,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 4,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 4,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 4,12,I,K | | 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 |
|---|---|---|---|---|
| | | | | (b)(3):10 USC §130b,(b)(6) |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

023

508-111

NSN 7540-00-634-4121

**MEDICAL RECORD**

**DOCTOR'S ORDERS**
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 07/14/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| NOTED: 07/14/06 @ 0745 | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 07APR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 0832 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 07APR06 | Indication: Malnutrition; hunger strike |
| C 0832 | Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b,(b) 12 F enteral feeding tube was |
| | inserted in the (b)(3):10 USC §130b,( nostril using standard procedure. A stylet (b)(3):10 USC was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications. (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 07APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1027 | and was released from restraints and re[illegible] his cell in good condition. Detainee was |
| | released from restraints at 1027. Detai[illegible] (b)(3):10 USC §130b,(b) did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. (b)(3):10 USC |
| | GITMO Nurse |

(continue on reverse side)

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 509 (REV. 7-01)
Prescribed by DSM 6040.38, 6 (R3B) (41 CFR 101-11.6)

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# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 07 Feb 06 | Left arm | 0832 | 1027 | Left leg | 0832 | 1027 |
| | Right arm | 0832 | 1027 | Right leg | 0832 | 1027 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | N/A | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | N/A | | 0830 | | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,B,E,I,K,P | (b)(3): 10 USC §130b, (b)(6) | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,4,K | | 1500 | | | 2100 | N/A | |
| 0315 | | | 0915 | 1,12,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,I,K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | N/A | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | (b)(3):10 USC §130b,(b)(6) |

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 07APR06 | (b)(2) |
| 0845 | Progress Note -- Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Detainee 5 new complaints. |
| | Weight: 149.4 lbs (4/7/06) (b)(3):10 |
| | Vitals: Temp: 98 F HR: 73 /min RR: 16 /min BP: 110/62 |
| | EF Day #: 101 |
| | Goal daily kcal: 2840 |
| | Received: 4 cans Jevity 1.5 BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | -He's currently e 102% IBW. Will cont to monitor + f calorie intake p.n. |
| | JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6) |

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 04APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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

DOCTOR'S ORDERS
MEDICAL RECORD

693

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4/6/02<br>@ 1430 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/6/02<br>@ 1430 | **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) |
| 4/6/02<br>@ 1610 | **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 1610. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, 41 CFR 101-11.6

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/6/07 | Left arm | 1430 | 1620 | Left leg | 1430 | 1620 |
| | Right arm | 1430 | 1620 | Right leg | 1430 | 1620 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,I,K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,I,K | | 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 06APR06 | (b)(2) |
| 1100 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
Detainee is known to have a mild of intermittent pleurisy. Only lg is some nasal congestion. This was allowed partly by ENT who did nasal spray + Lysol Bactrian ointment. No other c/o at this

Weight: 149.2 lbs ( 4/6/06)
Vitals: Temp: 98 F HR: 111 /min RR: 16 /min BP: 117/70

GEN: WDWN Male in NAD resting comfortably in a restraint chair. Neck: ⊖JVD ⊖LAD
CVS: RRR & M/G/R Lungs: CTA (B) Abd: +BS, NT/ND Ext: 2+ Radial pulses (B)

EF Day #: 100
Goal daily kcal: 2840
Received: 4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(1) Pt is 130% Consider ↓ calories via EF in near future w/ goal of 100% to 125%.
(2) Nasal congestion 2° EF: cont Rx as per ENT

JTF GTMO Detention Hospital D (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME START | STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| 06APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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 A

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 509 (REV. 3-84)
Prescribed by OSA/NCHP FORM 61 (Rev 231-5 309 1)

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 06 April 06<br>1005 | **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 (60-12 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 06 April 06<br>1007 | 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) |
| 06 April 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1145 | 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 1145. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) isode. |
| | GITMO Nurse |

(continue on r

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 509 (REV. 7-81)
Prescribed by OSD/SCMR 1 INSR (41CFR)

AM Food

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 06 Apr 06 | Left arm | 1007 | 1145 | Left leg | 1007 | 1145 |
| | Right arm | 1007 | 1145 | Right leg | 1007 | 1145 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | I/12/I/K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | I/12/I/K | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | I/12/I/K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | I/12/I/K | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | I/12/I/K | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | I/12/I/K | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | I/12/I/K | | 1745 | | | 2345 | | |

(b)(3): 10 USC §130b, (b)(6)

| Signature | Initials | Signature | Initials | Signature | Initials |
|---|---|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | | | | | |

693

NSN 7540-00-634-4121

**MEDICAL RECORD**

## DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 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) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 05 April 1522 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 05 April 1503 | **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 proced (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nur |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTE** |
| 05 April 1655 | 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 1655. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) de. |
| | GITMO Nurse |
| | (continue on re |

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 508 (REV. 7-91)
Prescribed by DOD DODIR 6040.45 (4108)

PM

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 05 Apr 06 | Left arm | 1503 | 1655 | Left leg | 1503 | 1655 |
| | Right arm | 1503 | 1655 | Right leg | 1503 | 1655 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/I/K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1/12/I/K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1/12/I/K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1/12/I/K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1/12/I/K | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | 1/12/I/K | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | 1/12/I/K | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0520 | | | 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 |
|---|---|---|---|
| | | | |

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 05APR06 | (b)(2) |
| 1430 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended & voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 150 lbs (4/5/06) % IBW based on 03APR06: 102.7%

Vitals: Temp: 98 F HR: 72 /min RR: 16 /min BP: 124/78

- Detainee's new complaints

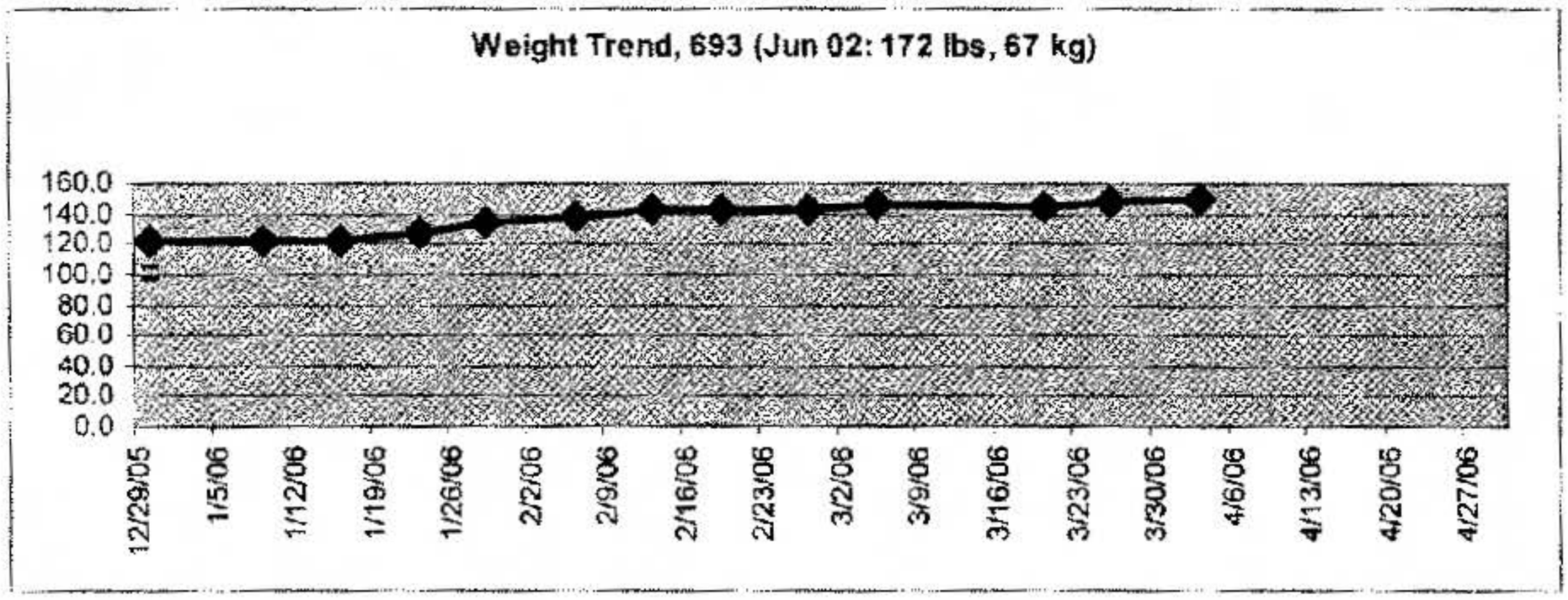
EF Day #: 99

Goal daily kcal: 2840

Received: 4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ slow IV feeding speed. May need to decrease calories delivered in EF in next few weeks.

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 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) | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

STANDARD FORM 509 (Rev. 3-74)
Prescribed by SECNAVINST 5212.5D and 5212.5E

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| 4/5/04 0830 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in (b)(1) Sec 1.4.A 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) |
| | |
| 4/5/04 0832 | **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) |
| 4/5/04 @ 1020 | **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 1020. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on rev

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

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/5/04 | Left arm | 0830 | 1020 | Left leg | 0830 | 1020 |
| | Right arm | 0830 | 1020 | Right leg | 0830 | 1020 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,EIK | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1,12,EIK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1,12,EIK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,EIK | | 1515 | | | 2115 | | |
| 0230 | | | 0930 | 1,12,EIK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,EIK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,EIK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,EIK | | 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)

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

193 A

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 04 Aug 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independe (b)(3):10 USC §130b,(b)(6) 1 hour of restraints) | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL** | | |
| | | | Reason for Restraint: Medical Necessity for Feeding | | |
| | | | Despite being advised that hunger striking is detrimental to his health, the detainee refuses to | | |
| | | | eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There | | |
| | | | is no evidence that medications or a medical process is causing this detainee's | | |
| | | | refusal to eat. Detainee does not have any medical condition/disability that would place | | |
| | | | him at greater risk during feeding using medical restraints. | | |
| | | | Detainee will be observed continually while in medical restraints. | | |
| | | | Detainee was told that he will remain in restraints until feed and post feed observation | | |
| | | | time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary | | |
| | | | feeding in medical restraints will no longer be requ (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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 P

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 1-76)
PRESCRIBED BY DEPARTMENT OF DEFENSE (41 CFR) 101-11.303

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/4/06e | |
| 1430 | **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 (60-12 |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/4/06e | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1435 | 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 proced (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nu |
| 4/4/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1635 | 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 1635. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following probl (b)(3):10 USC §130b,(b)(6) le. |
| | GITMO Nurs |

(continue on

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NA
middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

693

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, HIPMR (41 CFR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/4/06 | Left arm | 1420 | 1630 | Left leg | 1430 | 1630 |
| | Right arm | 1430 | 1630 | Right leg | 1420 | 1630 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,5,E,I,J,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,13 | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,13 | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,13 | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,13 | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,13 | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,13 | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,13 | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | 1,12,13 | | 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)

(b)(3):10 USC §130b,(b)(6)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 04/11/06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec | | |
| | | | Reason For Restraint: Medical Necessity for Feeding | | |
| | | | Medical Restraints order expires after 12 hours | | |
| | | | Line of Sight Observation while in restraints. | | |
| | | | Circulation checks every 15 mins for the first hour and then every hour. | | |
| | | | Vital signs checks every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (b)(3):10 USC §130b,(b)(6) d Independent Practitioner (LIP) within 1 hour of restraints) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/4/06 | |
| 0900 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in (b)(1) Sec 1.4.A 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 |
| | |
| 4/4/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0905 | 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) |
| 4/4/06 | **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 1100. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following probl (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | [continue on |

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 509 (REV. 7-91)
Prescribed by SECNAVINST 5212.5D

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/4/06 | Left arm | 0900 | 1100 | Left leg | 0900 | 1100 |
| | Right arm | 0900 | 1100 | Right leg | 0900 | 1100 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13,B,E,I,J,K,P | | [illegible] | | | 2100 | | |
| 0315 | | | 0915 | 1,12,13 | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,13 | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13 | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13 | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13 | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13 | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,13 | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 1,12,13 | | 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)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 04APR06 | (b)(2) |
| 1020 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee's new complaints. Refused his water this am

Weight: 149.2 lbs (4/4/06)
Vitals: Temp: 98 F HR: 97 /min RR: 16 /min BP: 126/76

EF Day #: 78
Goal daily kcal: 2840
Received:
4 Cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

- Observe water consumption. If continues to refuse will supplement water PO & EF or NS via IV.

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 03APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independent P (b)(3):10 USC §130b,(b)(6) 1 hour of restraints) | | |
| NKTOP 03APR06 1515 | | | GITMO Dr. | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL OFF** | | |
| | | | 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. (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | | |

(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

693P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 03APR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 1578 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 03APR06 | Indication: Malnutrition; hunger strike |
| C1518 | Under local anesthesia (viscous lidocaine, 2%) (b)(3):10 USC §130b,(b)( X 12 F enteral feeding tube was |
| | inserted in the X R (b)(3):10 USC §130b, stril using standard procedure. A styl (b)(3):10 USC 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 FEEDING COMPLETE** |
| 03APR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1710 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1710. Detain (b)(3):10 USC did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episod (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reverse side)

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

693

PROGRESS NOTES
Medical Record

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 03 XX 06 | Left arm | 1515 | 1710 | Left leg | 1515 | 1710 |
| | Right arm | 1515 | 1710 | Right leg | 1515 | 1710 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,B,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,I,K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,I,K | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | 1,12,I,K | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | 1,12,I,K | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | 1,12,I,K | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

(b)(3): 10 USC §130b, (b)(6)

| Signature | Initials | Signature | Initials | Signature | Initials |
|---|---|---|---|---|---|
| | | | | | |

(b)(3):10 USC §130b,(b)(6)

#623

508 1

NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 03APR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | 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 every 4 hours. | | |
| | | | 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) | | |
| Note: 03APR06 @ 0830 | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. | (b)(3):10 USC §130b,(b)(6) | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL OFFICER** | | |
| | | | 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 requi (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 03APR06 | Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity |
| C 0900 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes) (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 03APR06 | Indication: Malnutrition; hunger strike |
| C 1055 | Under local anesthesia (viscous lidocaine, 2 (b)(3):10 USC §130b,(b)(6) 12 F enteral feeding tube was |
| | inserted in the (b)(3):10 USC §130b,(b)(6) nostril using standard procedure. A sty (b)(3):10 USC was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 03APR05 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1055 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1055. Detain (b)(3):10 USC did not have physical injury fro |
| | episode. Detainee reported the following problems related to the restraint episo (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reverse side)

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

PROGRESS NOTES
Medical Record

693

STANDARD FORM 509 (REV. 7-81)
Prescribed by SECNAVINST 5112.1 (41 CFR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 03 Dec 06 | Left arm | 0900 | 1055 | Left leg | 0900 | 1055 |
| | Right arm | 0900 | 1055 | Right leg | 0900 | 1055 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 4,12,B,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 4,12,I,K,L | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 4,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 4,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 4,12,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 4,12,I,K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 4,12,I,K | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 4,12,I,K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 03APR06 | (b)(2) |
| 1030 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee's new complaints.

Weight: 149.3 lbs (4/3/06)
Vitals: Temp: 98 F HR: 97/min RR: 12/min BP: 117/66

EF Day #: 97
Goal daily kcal: 2840
Received:
4 Cans Sustacal 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

JTF GTMO Detention Hospital D (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 2 Apr 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independer (b)(3):10 USC §130b,(b)(6) aints) | | |
| | | | GITMO D | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL** | | |
| | | | Reason for Restraint: Medical Necessity for Feeding | | |
| | | | Despite being advised that hunger striking is detrimental to his health, the detainee refuses to | | |
| | | | eat. Restraints were ordered for medical necessity to facilitate feeding the detainee. There | | |
| | | | is no evidence that medications or a medical process is causing this detainee's | | |
| | | | refusal to eat. Detainee does not have any medical condition/disability that would place | | |
| | | | him at greater risk during feeding using medical restraints. | | |
| | | | Detainee will be observed continually while in medical restraints. | | |
| | | | Detainee was told that he will remain in restraints until feed and post feed observation | | |
| | | | time (60-120 minutes) is completed. Detainee understands that if he eats, that involuntary | | |
| | | | feeding in medical restraints will (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.

DOCTOR'S ORDERS
MEDICAL RECORD

6 93 M

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4/8/06<br>@ 1355 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/8/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| @ 1355 | 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) |
| 4/8/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| @ 1550 | 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 1550. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse side)

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 509 (REV. 2-00)
Prescribed by C.F.R. 1640 FPMR (41 CFR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/9/06 | Left arm | 1355 | 1550 | Left leg | 1355 | 1550 |
| | Right arm | 1355 | 1550 | Right leg | 1355 | 1550 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,I,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 | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

02APR06 (b)(2)

1030 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended. Voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

(b)(3):10 USC §130b,(b)(6)

Detainee c̄ new complaints. ~~Seen by SH yesterday. Approach his help.~~

Weight: 148.1 lbs (4/2/06)
Vitals: Temp: 98 F HR: 116 /min RR: 14 /min BP: 124/66

Lo Rev 90.

EF Day #: 96
Goal daily kcal: 2840
Received:

4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital D

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 14 Apr 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independent P[illegible] of restraints) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL OF** | | |
| | | | 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 long[illegible] (b)(3):10 USC §130b,(b)(6) | | |
| | | | GIT[illegible] | | |

(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

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4/2/04<br>@ 0848 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/2/04 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| @ 0848 | 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) |
| 4/2/04 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| @ 1015 | 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 1015. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reve

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

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/2/04 | Left arm | 0848 | 1045 | Left leg | 0848 | 1045 |
| | Right arm | 0848 | 1045 | Right leg | 0848 | 1045 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,FIK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,FIK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,FIK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,FIK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,FIK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,FIK | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,FIK | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,FIK | | 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)

| Signature | Initials | Signature | Initials | Signature |
|---|---|---|---|---|
| | | | | |

(b)(3):10 USC §130b,(b)(6)

693 am

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 01/1/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independent P (b)(3):10 USC §130b,(b)(6) hour of restraints) | | |
| | | | GITMO Dr. | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL OF** | | |
| | | | 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 require (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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 PM

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 10-4)
Prescribed by OSA/DOR, DEPARTMENT OF DEFENSE

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/1/06 @ 1300 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/1/06 @ 1300 | **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) |
| 4/1/06 @ 1500 | **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 1500. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-81)
Prescribed by DA/OCMR, TIPMP (41CFR)

6093 pm

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4/1/04 | Left arm | 1300 | 1500 | Left leg | 1300 | 1500 |
| | Right arm | 1300 | 1500 | Right leg | 1300 | 1500 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,I,K | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | 1,12,I,K | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | 1,12,I,K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1,12,I,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K | | 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 | Si |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693 pm

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | (b)(2) PTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 1 Apr | Progress Note – Medical Staff |
| | Patient refused enteral feeds as recommended. Voluntarily accepted oral food. |
| | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 149.6 lbs ( ) |
| | Vitals: 98 Temp: F HR: 92 /min RR: 16 /min BP: 123/76 |
| | EF Day #: 95 |
| | Goal daily kcal: 2870 |
| | Received: 4 Ensure Jevity 1.5 @ 70 |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: (b)(3):10 USC §130b,(b)(6) |

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 01Apr06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in (b)(1) Sec 1.4.A | | |
| | | | 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 every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independent F (b)(3):10 USC §130b,(b)(6) hour of restraints) | | |
| | | | GITMO Dr. | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICAL OFI** | | |
| | | | 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. (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |

(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

DOCTOR'S ORDERS
MEDICAL RECORD

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 4/1/04 @0505 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 4/1/04 @0500 | **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) |
| 4/1/04 0100 | **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 1800. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
PRESCRIBED BY OSD/ASD(HA) FPMR (41 CFR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 24/1/04 | Left arm | 0305 | 1000 | Left leg | 0305 | 1000 |
| | Right arm | 0305 | 1000 | Right leg | 0305 | 1000 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12 | JK | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 1/12 | JK | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1/12 | JK | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1/12 | JK | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1/12 | JK | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1/12 | JK | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1/12 | JK | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1/12 | JK | 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)(7)(A)

693 am

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 3 Mar 06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec | | |
| | | | Reason For Restraint: Medical Necessity for Feeding | | |
| | | | Medical Restraints order expires after 12 hours | | |
| | | | Line of Sight Observation while in restraints. | | |
| | | | Circulation checks every 15 mins for the first hour and then every hour. | | |
| | | | Vital signs checks every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (b)(3):10 USC §130b,(b)(6) sed Ind (b)(3):10 USC §130b,(b)(6) P) within 1 hour of restraints) | | |
| | | | G | | |
| | | | S -- ME | | |
| | | | Reason for Restraint: Medical Nece | | |
| | | | 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 lon (b)(3):10 USC §130b,(b)(6) | | |
| | | | G | | |

(continue on rever

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<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 3/31/06 | |
| 1410 | **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 (60-12 |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 3/31/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1410 | 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 ns. |
| | GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6) |
| 3/31/06 | **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 1615. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on revers

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/SOMD 1 CFR 58 (41 CFR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 3/31/06 | Left arm | 1415 | 1615 | Left leg | 1415 | 1615 |
| | Right arm | 1415 | 1615 | Right leg | 1415 | 1615 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1, 12, 13, 7, | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1, 12, 13 | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1, 12, 13 | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1, 12, 13 | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1, 12, 13 | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1, 12, 13 | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1, 12, 13 | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1, 12, 13 | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1, 12, 13 | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature |
|---|---|---|
| | | |
| | | |

(b)(3):10 USC §130b,(b)(6)

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

31MAR06 (b)(2)

Progress Note – Medical Staff

1520

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee's new complaints

Weight: 147.5 lbs ( 3/31/06)
Vitals: Temp: 98 F HR: 105 /min RR: 16 /min BP: 120/68

EF Day #: 94
Goal daily kcal: 2840
Received:
4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

-Will see ENT in the next few days.

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-534-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 31 Mar 06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec | | |
| | | | Reason For Restraint: Medical Necessity for Feeding | | |
| | | | Medical Restraints order expires after 12 hours | | |
| | | | Line of Sight Observation while in restraints. | | |
| | | | Circulation checks every 15 mins for the first hour and then every hour. | | |
| | | | Vital signs checks every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Independ (b)(3):10 USC §130b,(b)(6) ) within 1 hour of restraints) | | |
| | | | GITMO | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICA** | | |
| | | | 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 (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

603

STANDARD FORM 506 (REV. 3-91)
Prescribed by DSA/OMB Bulletin A-29 (Rev. 6-85) and 3-92

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 31 MAR 06 | |
| 0910 | **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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nu |
| | |
| 31 MAR 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0910 | 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 31 MAR 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER** |
| 0910 | 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 1110 . Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) isode. |
| | GITMO Nurse |
| | (continue on r |

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 93 (REV. 7-91)
Prescribed by OSD/ICMR, FEB 1981 (41 CFR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 31 MAR 06 | Left arm | 0910 | 1110 | Left leg | 0910 | 1110 |
| | Right arm | 0910 | 1110 | Right leg | 0910 | 1110 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1,12,13 B,E,I | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1,12,13 | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1,12,13 | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1,12,13 | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1,12,13 | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 1,12,13 | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 1,12,13 | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 1,12,13 | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | 1,12,13 | | 1700 | | | 2300 | | |
| 0515 | | | 1110 | 1,12,13 | | 1715 | | | 2315 | | |
| 0520 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 2 Mar 06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec | | |
| | | | Reason For Restraint: Medical Necessity for Feeding | | |
| | | | Medical Restraints order expires after 12 hours | | |
| | | | Line of Sight Observation while in restraints. | | |
| | | | Circulation checks every 15 mins for the first hour and then every hour. | | |
| | | | Vital signs checks every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Indep (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints) | | |
| NOTED: 3 Mar 06 1430 | | | (b)(3):10 USC GITM | | |
| | | | **INITIATION OF RESTRAINTS -- MEDIC** | | |
| | | | Reason for Restraint: Medical Necessity | | |
| | | | 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 (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | | | |
| | | | | | |

(continue on

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

643

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 3 MAR 06 | Detainee placed in (b)(1) Sec 1.4.A Reason for Restraint: Medical Necessity |
| C1431 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 3 MAR 06 | Indication: Malnutrition; hunger strike |
| C1431 | Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b)( ) 12 F enteral feeding tube was |
| | inserted in the X R (b)(3):10 USC §130b,(b stril using standard procedure. A st (b)(3):10 USC §130b,(b) was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 3 MAR 06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1625 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1625. Detain (b)(3):10 USC §130b,( did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. (b)(3):10 USC |
| | GITMO Nurse |

(continue on reverse side)

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

#1693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, HFMR (41 CFR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 30 June 06 | Left arm | 1431 | 1625 | Left leg | 1431 | 1625 |
| | Right arm | 1431 | 1625 | Right leg | 1431 | 1625 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 4,12,B,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 4,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 4,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 4,12,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 4,12,I,K | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 4,12,I,K | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 4,12,I,K | | 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3): 10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

#693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 30MAR06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec | | |
| | | | Reason For Restraint: Medical Necessity for Feeding | | |
| | | | Medical Restraints order expires after 12 hours | | |
| | | | Line of Sight Observation while in restraints. | | |
| | | | Circulation checks every 15 mins for the first hour and then every hour. | | |
| | | | Vital signs checks every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed Inde (b)(3):10 USC §130b,(b)(6) IP) within 1 hour of restraints) | | |
| NOTED: 30MAR06 @ 0745 | | | (b)(3):10 USC §130b,(b)(6) IT | | |
| | | | **INITIATION OF RESTRAINTS -- MED** | | |
| | | | 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 lo (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.

DOCTOR'S ORDERS
MEDICAL RECORD

013

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 30MAR06 | Detainee placed in (b)(1) Sec Reason for Restraint: Medical Necessity |
| C 0825 | Detainee was advised by the Medical Staff that hunger striking is detrimental to his health. |
| | His behavior is due to his refusal to eat and not due to mental status change or illness. |
| | Medical Staff/Guards attempted to get the detainee to eat on his own. He is being offered |
| | food at every meal, yet he refuses to eat. Because the |
| | detainee refuses to eat, restraints were initiated for medical necessity for feeding. |
| | Detainee will be observed continually and he will be reminded of how his behavior must |
| | change (he must eat voluntarily) to avoid the use of medical restraints for present |
| | and future feedings. Detainee was told that he will remain in medical |
| | restraints until feed and post feed observation (60-120 minutes). (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 30MAR06 | Indication: Malnutrition; hunger strike |
| C 0825 | Under local anesthesia (viscous lidocaine, 2% (b)(3):10 USC §130b,(b)( / 12 F enteral feeding tube was |
| | inserted in the X R (b)(3):10 USC §130b,( strril using standard procedure. A st (b)(3):10 USC was not used. |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications. (b)(3):10 USC §130b,(b)( |
| | GITMO Dr. / Nurse |
| | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 30MAR06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| C 1020 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1020 Detaine (b)(3):10 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) |
| | GITMO Nurse |

(continue on reverse side)

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 509 (REV. 1-91)
Prescribed by GSA/SOLR 1 FPMR (41 CFR)

693

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 30 MAR 06 | Left arm | 0825 | 1020 | Left leg | 0825 | 1020 |
| | Right arm | 0825 | 1020 | Right leg | 0825 | 1020 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 4,12,B,I,K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 4,12,B,I,K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 4,12,I,K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 4,12,I,K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 4,12,I,K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 4,12,I,K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 4,12,I,K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 4,12,I,K | | 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 29 May 06 0730 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in (b)(1) Sec | | |
| | | | Reason For Restraint: Medical Necessity for Feeding | | |
| | | | Medical Restraints order expires after 12 hours | | |
| | | | Line of Sight Observation while in restraints. | | |
| | | | Circulation checks every 15 mins for the first hour and then every hour. | | |
| | | | Vital signs checks every 4 hours. | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (Orders to be signed by Licensed In (b)(3):10 USC §130b,(b)(6) within 1 hour of restraints) | | |
| | | | **INITIATION OF RESTRAINTS -- M** | | |
| | | | Reason for Restraint: Medical Nec | | |
| | | | 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 longe (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITM | | |
| | | | (continue on reverse s | | |

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

103 pm

STANDARD FORM 139 (REV. 9-74)
Prescribed by G.A.O./J.F.M.R. (41 CFR) 201-1.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 3/29/06 @ 1330 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in (b)(1) Sec 1.4.A 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 (60-12 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 3/29/06 @ 1330 | **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) |
| 3/29/06 @ 1520 | **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 1520. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems r[illegible] pisode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse

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

PROGRESS NOTES
Medical Record

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 3/20/04 | Left arm | 1330 | 1520 | Left leg | 1330 | 1520 |
| | Right arm | 1330 | 1520 | Right leg | 1330 | 1520 |

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

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

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

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

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | 1,12,I,K | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | 1,12,I,K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1,12,I,K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1,12,I,K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1,12,I,K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,I,K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,I,K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | | | 1345 | | | 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)

| Signature | Initials | Signature | Initials | Sig |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

31 MAR 06 (b)(2)

1411

Progress Note -- Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 147.2 lbs (3/29)
Vitals: 14 Temp: 98 F HR: 88 /min RR: 16 /min BP: 113/67

EF Day #: 92
Goal daily kcal: ~~3120~~ 2840
Received: 4 cans Jevity 1.5 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following: WILL BE EVALUATED BY ENT LATER THIS WEEK

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/08)

(b)(3):10 USC
§130b,(b)(6)

# PRN AND VARIABLE DOSE MEDICATIONS

STANDING ORDERS

## TYLENOL

500 MG OR 650MG PO Q 4-6 HOURS PRN (MINOR ACHES, PAINS, FEVER)

DATE | TIME | DOSE | INIT

## MYLANTA

15-30 ML PO Q 4 HOURS PRN HEARTBURN OR INDIGESTION

DATE | TIME | DOSE | INIT

## BENADRYL

25-50MG PO Q 6 HOURS PRN RHINORRHEA, SNEEZING, WATERY EYES, ITCHY RASH

DATE | TIME | DOSE | INIT

## MOTRIN

400-800 MG PO TID PRN MODERATE PAIN, HEADACHE

DATE | TIME | DOSE | INIT

## TINACTIN

TOPICAL CREAM AAA BID X 2 WEEKS (ATHLETE'S FOOT, JOCK ITCH)

DATE | TIME | DOSE | INIT

## SUDAFED

30-60 MG PO QID PRN NASAL CONGESTION

DATE | TIME | DOSE | INIT

## CEPACOL

1 PO Q 4-6 HOURS PRN SORE THROAT

DATE | TIME | DOSE | INIT

## ANALGESIC BALM

AAA TID FOR UP TO 3 DAYS THEN NOTIFY MO

DATE | TIME | DOSE | INIT

## MILK OF MAGNESIA

AS ANTACID 1-3 TSP WITH WATER UP TO 4 X / DAY, AS A LAXATIVE 2-4 TSP WITH 8 OZ WATER

DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

START | STOP | DATE | TIME | DOSE | INIT

## SINGLE DOSE ORDERS

| MEDICATION DOSAGE AND ROUTE | DATE | TIME | INITIAL | MEDICATION DOSAGE AND ROUTE | DATE | TIME | INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES NKDA

TRANSCRIBED / DATE (b)(3):10 USC §130b,(b)(6) / 5/31/2006

VERIFIED / DATE (b)(3):10 USC §130b,(b)(6)

MONTH / YEAR 1-Jun-06 to 14-Jun-06

*****ANY REFUSED, NOT IN STOCK OR OTHER ENTRY MUST BE IN RED INK AND VERIFIED BY RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse must initial) 2 = NOT IN STOCK (Must Notify Nurse) 3 = OTHER (Document below any reason meds not given. Must Notify Nurse)

| RN INIT | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 6/1 | 6/2 | 6/3 | 6/4 | 6/5 | 6/6 | 6/7 | 6/8 | 6/9 | 6/10 | 6/11 | 6/12 | 6/13 | 6/14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 5/20/06 | INDEF | EF 4 **cans** of Jevity 1.0 BID | AM | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | |
| X | X | X | XXXX | PM | | | | | | | | | | | | | | |
| | 3/21/06 | INDEF | 10 mg REGLAN & 1 Liter of | AM | | | | | | | | | | | | | | |
| X | X | X | WATER BID via DHT | PM | | | | | | | | | | | | | | |
| | 3/21/06 | INDEF | MAG CITRATE 30ml VIA DHT | AM | | | | | | | | | | | | | | |
| X | X | X | AFTER EACH EF | PM | | | | | | | | | | | | | | |
| | 5/13/06 | 6/13/06 | Allegra 180mg po Qday for one month | AM | | | | | | | | | | | | | | X |
| | 5/20/06 | 5/2/06 | Sudafed 60MG PO BID | AM | | | | | | X | X | X | X | X | X | X | X | X |
| X | X | X | XXXX | PM | | | | | | X | X | X | X | X | X | X | X | X |
| | [illegible] | [illegible] | [illegible] | AM | | | | | | | | | | | | | | |
| X | X | X | [illegible] | PM | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

NFETP

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X = SICKCALL OFFERED BUT DETAINEE REFUSED

Comments / Reason for medications not being passed. (I.E. #3 - Block Unsafe)

| DATE | # | COMMENT | INIT | DATE | # | COMMENT | INIT |
|---|---|---|---|---|---|---|---|
| 6/5/06 am | 3 | Det on BRAT | | | | | |
| 6/5/06 pm | 3 | Det on Liq Diet | | | | | |
| 6/6/06 AM | 3 | Det eating Regular Diet | | | | | |
| | | | | | | | |

D-JTF 888 - 0 -

693 BLOCK # (b)(2)

5/31/2006 10:13 PM ESI

DETAINEE PROFILE

NAVMED 6539/12 (5-80) S/N 0105-LF-206-5560 Revised 9/05

| DATE | MEDICATIONS | TIMES | DATE | LABORATORY/DIAGNOSTIC TESTS/EXAMINATIONS/ CONSULTATIONS | DATE SENT | √ |
|---|---|---|---|---|---|---|
| 4/01/06 | Bactroban to both nares after EF | AM PM | 4/4 | CBC, CMP, Mg / Phos in AM [illegible] | | |
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DETAINEE ISN

693

DETAINEE PROFILE HUNGER STRIKE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560 Revised 9/05

| ACTIVITY | DATE | BATH | DATE | DIET | DATE | VITAL SIGNS | FREQ |
|---|---|---|---|---|---|---|---|
| Bed rest | | Bed Bath | | Per Order & MAR | | Temp | Daily |
| Bathroom Priv | | Shower | | | | Pulse | Daily |
| Up in Chair | | Tub | | | | Resp | Daily |
| Ambulate | | Assist | | | | B/P | Daily |
| Commode | | | | | | Pulse Ox | Daily |
| Assist | | | | | | Other | |
| AS TOLERATED | | | | | | | |
| Rec 2 times week 1 hour | | ORAL HYGIENE | DATE | FLUIDS | | FEEDING | DATE |
| | | Self | | Forced | | Self | |
| | | Assist | | Restricted | | Assist | |
| Other | | | | I&O | | Tube Feed | |

| DATE | TREATMENT/SPECIAL NOTES | TIMES | DATE | TREATMENT/SPECIAL NOTES | TIMES |
|---|---|---|---|---|---|
| 5/17/06 | Daily Weights | | | Gauge: Site: | |
| 5/19/06 | If chair feed then give **4 cans** Jevity 1.0 BID via DHT. | | | IVF: | |
| 3/21/06 | With each EF 10mg Reglan, 30ml Mag Citrate, & 1 Liter of Water | | | | |
| 2/24/06 | If Det choses to eat, begin wih brat x3, then advance t osoft mech diet x3, then Reg Diet | | | | |
| 2/24/06 | Call M.O. with HR>100, <50; SBP >150, <90; DBP >100,<50; RR>30,<10; T>101.5, <97.0 | | | | |
| 6/6/06 | Det xfer to Oscar Block | | | | |
| 6/5/06 | Det discharged from Oscar Block. Detta Clinic aware. | | | | |
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| DETAINEE ISN | DIAGNOSIS | AGE | HEIGHT | WEIGHT |
|---|---|---|---|---|
| 693 | Hunger Striker | | | |
| | | PATIENT CLASSIFICATION Stable | | |
| | OP/SPECIAL PROCEDURES | | | |
| | LANGUAGE | | | |

# ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE AND TIME
12/22/2005 1700

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

CC: Wt Loss - 24 yo.

HPI: Detainee with significant weight loss over the last 5-6 months. Detainee has history of multiple hunger strikes and most likely cause of weight loss. Detainee vehemently denies hunger striking and guards have witnessed detainee eat meals. No fevers, hot flashes, cold spells, diarrhea, nausea, vomiting. Detainee only complains of abdominal discomfort for months. Doesn't desire ensure or any specific diet requests. Does complain of constipation. Detainee unusually not concerned about weight loss. Wants to go back to block. Can't remember what he ate for lunch.

PMHx: Hunger striker multiple times, [redacted], nephrolithiasis, [redacted]

PSHx:

MEDS: aciphex 20mg po bid, docusate 240mg qd

SOC Hx:

Allergies: NKDA

In Processing Weight: 172 IDBW 145 BMI: 19.1

3. PHYSICAL EXAMINATION (including pertinent positives and negatives)

T: 98.0 R: 24 B/P: 130/86 Pox: 96% Pain: 0/10 Wt: 122 Ht: 67 BMI: 19.1

HEENT: Head:NC/AT Eye:EOMI OP: Clear Neck: Flat neck veins

Ear:Appear Nl Nose:WNL

COR: RRR NEURO: Nonfocal

LUNG: lungs clear and no wheezing.

ABD: BSx4/ND/tender to palpation epigastrically

BACK: No CVAT GU: Deferred

EXT: No edema DRE: Not indicated

LAB: Pending today
12/20 Na 141, K 3.9, Cl 97, BUN 20, Cr 1.0
Glucose 41, Ca 9.8, Mg 2.0, Phos 3.4,
AST 24, ALT 29, TB 1.4, AP 81, Wbc 2.0,
hgb 14.7, hct 42.0, plt 202.
Last PPD in 6/2004 negative.

XRAY: CXR and AAS in am

4. IMPRESSION (Enter admission note with plan on progress notes)

Assessment: 1. Weight loss - most likely due to hunger striking or intentional weight loss based on demeanor and hx. Admit to hospital for IV hydration and banana bag and observation of consuming food without purging. If not a hunger striker, need to consider metabolic causes (thyroid), infectious (HIV, TB), GI causes, and finally rule out cancer.

Plan:
1. Admit for observation. 3 meals a day and ensure 2 cans tid. IV fluids and banana bag.
2. Check basic labs and include TSH, ESR, CRP, HIV, and consider repeating PPD. CXR and AAS.
3. If not a hunger striker pursue work up with labs, CT scan of abdomen and possible EGD.
hx of PUD.

5. ADMITTING OFFICER

a. SIGNATURE (b)(3):10 USC §130b,(b)(6)

b. DATE AND TIME SIGNED
12/22/2005 1700

6. DISCHARGE [redacted] on discharge, pertinent discharge information (including medications, diet, activity limitations, follow up instructions).)

7. DISCHARGE DATE AND TIME

Condition:

Diet:

Diagnosis

Activity:

Disposition:

Follow Up:

Meds:

8. DISCHARGING OFFICER

a. NAME (Last, First, Middle Initial)

b. GRADE

c. TITLE

d. SIGNATURE

9. DETAINEE ISN
693

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT

11. COPY PLACED IN DETAINEE'S RECORD

DD FORM 2770, APR 2005

Modified for use at Camp Delta Detention Facility using JIS EXEL 2005

| DATE | WEIGHT | TEMP | B/P | PULSE | RESP | TEMP | LABS? | EN #1 TYPE | KCAL | EN #2 TYPE | KCAL | TOTAL KCAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5/25 | 155.7 | 97.5 | 114/100 | 88 | 14 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | 0 | 0 | 1105 |
| 5/26 | 158.1 | 97.7 | 119/70 | 87 | 14 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | J1.5x1=355 J1.0x3=750 | 1105 | 2210 |
| 5/27 | 156.4 | 97.3 | 122/72 | 83 | 14 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | J1.5x1=355 J1.0x3=750 | 1105 | 2210 |
| 5/28 | 155.4 | 97.1 | 121/73 | 86 | 14 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | J1.5x1=355 J1.0x3=750 | 1105 | 2210 |
| 5/29 | 158.6 | 98.6 | 140/80 | 92 | 16 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | J1.5x1=355 J1.0x3=750 | 1105 | 2010 |
| 5/30 | 152.5 | 95.5 | 119/72 | 82 | 14 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | J1.5x1=355 J1.0x3=750 | 1105 | 2010 |
| 5/31 | 156.1 | 95.7 | 118/53 | 78 | 14 | — | Y (N) | J1.5x1=355 J1.0x3=750 | 1105 | J1.5x1=355 J1.0x3=750 | 1105 | 2210 |
| 6/1/06 | 158.4 | 98 | 122/75 | 92 | 14 | — | Y (N) | J1.0x4 | 1000 | J1.5x1=355 J1.0x3=750 | 1105 | 2010 |
| 6/2/06 | 158.4 | 98 | 116/69 | 92 | 14 | — | Y (N) | J1.0x4 | 1000 | ATelunch MHL #1 CAN'T EVAL | | |
| 6/3/06 | 163.0 | 96 | 120/82 | 112 | 16 | — | Y (N) | 100% 3 times | | BRAT | 500 | |
| 6/4/06 | 161.7 | 96 | 125/78 | 89 | 18 | — | Y (N) | 100%+ + | | Regular Diet | | |
| 6/5/06 | 161.9 | 97 | 124/83 | 87 | 16 | — | (Y) N | Regular Diet +3 ensure | | D/c'd from | | |
| | | | | | | | Y N | | | | | |
| | | | | | | | Y N | | | | | |
| | | | | | | | Y N | | | | | |
| | | | | | | | Y N | | | | | |
| | | | | | | | Y N | | | | | |
| | | | | | | | Y N | | | | | |

(b)(2)

(b)(3):10 USC §130b,(b)(6)

| DATE | WEIGHT | TEMP | B/P | PULSE | RESP | TEMP | LABS? | EN #1 TYPE | KCAL | EN #2 TYPE | KCAL | TOTAL KCAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [illegible] | [illegible] | 97.5 | 117/62 | 85 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| [illegible] | 152.9 | 97.7 | 115/68 | 84 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| [illegible] | 153.7 | 97.8 | 120/66 | 89 | 16 | — | (Y) N | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/14/01 | 150.3 | 97.9 | 115/65 | 72 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/14/01 | 154.5 | 97 | 102/64 | 69 | 14 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/18/01 | 155.7 | 97.4 | 110/63 | 91 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/19/01 | 155.7 | 97.4 | 103/63 | 81 | 14 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/19/01 | 156.3 | 97.5 | 143/76 | 85 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/17/01 | 153.7 | 98.2 | 115/68 | 87 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/16/01 | 156.8 | 97.9 | 109/65 | 70 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/17/01 | 157.2 | 98.1 | 107/63 | 83 | 14 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/18/01 | 157.7 | 97.6 | 110/70 | 77 | 18 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | | | 1210 |
| 5/19/01 | 158.3 | 97.3 | 121/66 | 81 | 16 | — | Y (N) | J1.5x2=710<br>J1.0x2=500 | 1210 | J1.5x2=710<br>J1.0x2=500 | 1210 | 2420 |
| 5/14/01 | 156.9 | 97.8 | 127/66 | 76 | 14 | — | Y (N) | J1.5x1=355<br>J1.0x3=750 | 1105 | J1.5x1=355<br>J1.0x3=750 | 1105 | 2210 |
| 5/20/01 | 155.4 | 97.3 | 115/73 | 74 | 16 | — | Y (N) | J1.5x1=355<br>J1.0x3=750 | 1105 | J1.5x1=355<br>J1.0x3=750 | 1105 | 2210 |
| 5/21/01 | 153.3 | 97.5 | 125/73 | 81 | 16 | — | Y (N) | J1.5x1=355<br>J1.0x3=750 | 1105 | J1.5x1=355<br>J1.0x3=750 | 1105 | 2210 |
| 5/22/01 | 155.1 | 97.5 | 122/66 | 88 | 16 | — | Y (N) | J1.5x1=355<br>J1.0x3=750 | 1105 | J1.5x1=355<br>J1.0x3=750 | 1105 | 2210 |
| [illegible] | 153.9 | 97.9 | 119/67 | 85 | 14 | — | Y (N) | J1.5x1=355<br>J1.0x3=750 | 1105 | J1.5x1=355<br>J1.0x3=750 | 1105 | 2210 |

| Date | Weight | Temp | B/P | Pulse | Resp | Labs | Feed 1 | # Calories | Feed 2 | # Calories | Total Calories |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [illegible] | 150.0 | 99.5 | 132/90 | 94 | 16 | Y/N | J x 3 1.5 | 1065 | J1.5x4 | 1420 | 2840 |
| 4/15 [illegible] | 149.0 | 99.0 | 120/72 | 105 | 16 | Y/N | J x 3 1.5 | 1065 | J1.5x4 | 1420 | 2840 |
| 4/16/06 | 149.7 | 99.0 | 128/70 | 97 | 14 | Y/N | J x 4 1.5 | ~~1065~~ | J1.5x4 | 1420 | ~~2840~~ 2840 |
| 4/17/06 | 151.5 | 99.0 | 113/62 | 84 | 16 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/18/06 | 149.8 | 98.0 | 117/72 | 85 | 16 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/19/06 | 148.1 | 98 | 136/92 | 82 | 16 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/20/06 | 148.6 | 98 | 130/95 | 100 | 14 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/21/06 | 152.0 | 98.0 | 124/85 | 84 | 14 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/22/06 | 148.7 | 98.0 | 125/70 | 92 | 14 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/23/06 | 152.7 | 98.0 | 123/76 | 80 | 16 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/24/06 | 152 | 97.3 | 109/64 | 92 | 14 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/25/06 | 151.8 | 98.0 | 109/69 | 80 | 16 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/26/06 | 150.7 | 98.0 | 141/85 | 81 | 16 | Y/N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/27/06 | 151.8 | 98 | 113/69 | 68 | 17 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 4/28/06 | 153.0 | 97 | 124/66 | 95 | 17 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 4/29/06 | 150.6 | 98.0 | 110/74 | 79 | 16 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 4/30/06 | 150.5 | 98.0 | 110/70 | 70 | 14 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 5/1/06 | 151.7 | 98.0 | 115/72 | 78 | 14 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 5/2/06 | 152.9 | 98 | 130/97 | 80 | 16 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 5/3/06 | 150.3 | 98 | 119/96 | 70 | 14 | Y/N | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | J1.5x3 = 1065<br>J1.0x1 = 250 | 1315 | 2630 |
| 5/4/06 | 153.9 | 98.0 | 120/93 | 89 | 14 | Y/N | J1.5x2 = 710<br>J1.0x2 = 500 | 1210 | J1.5x2 = 710<br>J1.0x2 = 500 | 1210 | 2420 |
| 5/5/06 | 153.4 | 97.1 | 107/70 | 96 | 14 | Y/N | J1.5x2 = 710<br>J1.0x2 = 500 | 1210 | J1.5x2 = 710<br>J1.0x2 = 500 | 1210 | 2420 |
| 5/6/06 | 152.5 | 98 | 126/75 | 74 | 16 | Y/N | J1.5x2 = 710<br>J1.0x2 = 500 | 1210 | J1.5x2 = 710<br>J1.0x2 = 500 | 1210 | 2420 |

693

| DATE | WEIGHT | TEMP | B/P | PULSE | RESP | TEMP | LABS? | EN #1 TYPE | KCAL | EN #2 TYPE | KCAL | TOTAL KCAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3/27 | 149.0 | 98°F | 118/57 | 99 | 18 | 98°F | (Y) N | 2cal x2 [illegible] J x1 | 1560 | 2cal x2 [illegible] | 1560 | 3120 |
| 3/28 | 149.2 | 98.0 | 119/77 | 116 | 16 | — | Y (N) | 2cal x2 [illegible] J x1 | 1560 | 2cal x2 [illegible] | 1560 | 3120 |
| 3/29 | 147.2 | 98 | 113/67 | 88 | 16 | 98.0 | Y (N) | [illegible] J x1 | 1420 | J1.5x4 | 1420 | 2840 |
| 3/30 | 150.0 | 98 | 112/68 | 103 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 3/31 | 147.5 | 98.0 | 129/68 | 105 | 16 | | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/1/06 | 149.6 | 98.0 | 123/76 | 92 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/2/06 | 148.1 | 98.0 | 124/66 | 116 | 14 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/3/06 | 149.3 | 98.0 | 117 | 97 | 12 | 98.0 | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/4/06 | 149.2 | 98.0 | 126/76 | 97 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/5/06 | 150.0 | 98.0 | 124/78 | 92 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/6/06 | 149.2 | 98.0 | 117/70 | 111 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/7/06 | 149.9 | 98.2F | 110/62 | 73 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/8/06 | 150.8 | 99.0F | 105/60 | 92 | 18 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/9/06 | 149.8 | 99.0 | 117/63 | 96 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/10/06 | 152.0 | 98.0 | 116/65 | 97 | 14 | 98.0 | Y N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/11/06 | 150.3 | 98.0 | 123/69 | 72 | 12 | 98.0 | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/12/06 | 150.6 | 99.0 | 122/69 | 105 | 16 | 99.0 | (Y) N | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |
| 4/13/06 | 150.5 | 98.0 | 105/63 | 95 | 16 | — | Y (N) | J1.5x4 | 1420 | J1.5x4 | 1420 | 2840 |

GTMO JMG 1144

| Date | Weight | Temp | B/P | Pulse | Resp | Labs | Feed 1 | # Calories | Feed 2 | # Calories | Total Calories |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3/4 | 145.3 | 98 | 111/71 | 75 | 16 | Y/N | 2 CAL x 2 BOOST x 1 | 1310 | 2 CAL x 1 J x 1 | 725 | 2035 |
| 3/5 | 146 | 98 | 112/79 | 81 | 20 | Y/N | 2 CALX 2 BOOST x 1 | 1310 | 2 CAL x 2 J x 1 | 725 | 2035 |
| 3/6 | 144.9 | 98 | 105/71 | 81 | 18 | Y/N | 2 CAL x 2 BOOST x 1 | 1310 | 2 CAL x 2 J x 1 | 725 | 2035 |
| 3/7 | 144 | 98 | 109/66 | 83 | 18 | Y/N | ON RAPA | | 2 CAL x 1 J x 1 | 725 | 725 |
| 3/8 | 144.0 | 97.9 | 115/76 | 92 | 16 | Y/N | 2 cal x 2 BOx 1 | 1310 | 2 cal x 1 J x 1 | 725 | 2035 |
| 3/9 | 142.8 | 98 | 114/64 | 101 | 20 | Y/N | 2 CAL x 2 BOx 1 | 1310 | 2 cal x 1 J x 1 | 725 | 2035 |
| 3/10 | 140.8 | 98.0 | 114/69 | 91 | 16 | Y/N | 2 CAL x 2 BOx 1 | 1310 | 2 cal x 2, J x 1 | 725 | 2035 |
| 3/11 | 137.2 | 98.0 | 107/65 | 94 | 18 | Y/N | 2 cal x 2 BOx 1 | 1310 | 2 cal x 2, J x 1 | 725 | 2035 |
| 3/12 | 139.2 | 98.0 | 110/63 | 78 | 18 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 2, BOx 1 | 1310 | 2870 |
| 3/13 | 146.5 | 98.0 | 127/83 | 90 | 16 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 2, BOx 1 | 1310 | 2870 |
| 3/14 | 147.3 | 100.0 | 104/67 | 93 | 16 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 2, BOx 1 | 1310 | 2870 |
| 3/15 | 147.9 | 98.0 | 104/75 | 94 | 18 | Y/N | 2 CAL x 2 J x 1 BOx 1 | 1560 | 2 CAL x 2 J x 1 BOx 1 | 1560 | 3120 |
| 3/16 | not on scale | 98.0 | 104/74 | 90 | 16 | Y/N | not on Bolk | 1560 | 2 cal x 2 J x 1 BOx 1 | 1560 | 1560 |
| 3/17 | 135.3 | 98.0 | 104/76 | 101 | 16 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 1 J x 1 | 725 | 2035 |
| 3/18 | 135.3 | 98.0 | 113/67 | 91 | 16 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 2 J x 1 BOx 1 | 1560 | 3120 |
| 3/19 | 137.2 | 98.0 | 114/64 | 105 | 18 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 2, BOx 1 | 1560 | 3120 |
| 3/20 | not on | 98.0 | 110/67 | 91 | 16 | Y/N | 2 cal x 2 J x 1 BOx 1 | 1560 | 2 cal x 2 J x 1 BOx 1 | 1560 | 3120 |
| 3/21 | 142.8 | 98.0 | 119/65 | 84 | 18 | Y/N | 2 cal x 2 x J x 1 BOx 1 | 1560 | 2 cal x 2 J x 1 BOx 1 | 1560 | 3120 |
| 3/22 | 144.5 | 98.0 | 117/69 | 103 | 16 | Y/N | 2 cal x 2 x J x 1 BOx 1 | 1560 | 2 cal x 2 J x 1 BOx 1 | 1560 | 3120 |
| 3/23 | 146.3 | 98.0 | 121/71 | 91 | 14 | Y/N | 2 cal x 2 BOx 1 J x 1 | 1560 | 2 cal x 2 J x 1 | 1560 | 3120 |
| 3/24 | not on | 98.0 | 127/78 | 97 | 18 | Y/N | 2 cal x 2 BOx 1 J x 1 | 1560 | 2 cal x 2 BOx 1 J x 1 | 1560 | 3120 |
| 3/25 | 146.5 | 98.0 | 114/61 | 107 | 16 | Y/N | 2 cal x 2 BOx 1 J x 1 | 1560 | 2 cal x 2 BOx 1 J x 1 | 1560 | 3120 |
| [illegible] | [illegible] | [illegible] | [illegible] | 95 | 16 | Y/N | 2 cal x 2 BOx 1 J x 1 | 1560 | 2 cal x 2 BOx 1 J x 1 | 1560 | 3120 |

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| DATE | WEIGHT | TEMP | B/P | PULSE | RESP | TEMP | LABS? | EN #1 TYPE | KCAL | EN #2 TYPE | KCAL | TOTAL KCAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2/15/06 | 132.8 | 98.7 F | 109/61 | 87 | 16 | — | Y (N) | ~~Ensure 5x30~~ 2cal x2 ~~Boost 2x1~~ | 1310 | ~~Ensure 5x2~~ ~~Boost x2~~ | 2cal x3 ~~Boost x1~~ Jx1 / 1665 | 2975 |
| 2/16 | 139.3 | 97.2 | 110/57 | 74 | 18 | — | Y (N) | 2 cal x2 Boost x1 | 1310 | 2cal x3 ~~Boost x1~~ Jx1 | 1665 | 2975 |
| 2/17 | 142.3 | 98 | 104/67 | 72 | 16 | — | Y N | 2cal x2 Boost x1 | 1310 | 2cal x3 Jx1 | 1665 | 2975 |
| 2/18 | 142.5 | 98.2 | 99/63 | 71 | 14 | — | Y N | 2cal x2 Boost x1 | 1310 | 2cal x3 Jx1 | 1665 | 2975 |
| 2/19 | 143 | 97 | 104/60 | 68 | 16 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x3 Jx1 | 1665 | 2975 |
| 2/20 | 143.5 | 97.2 | 122/70 | 80 | 16 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x3 Jx1 | 1665 | 2975 |
| 2/21 | 143.2 | 97.1 | 123/71 | 79 | 14 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x3 Jx1 | 1665 | 2975 |
| 2/22 | 142.3 | 98 | 117/77 | 99 | 20 | — | Y (N) | REFUSED PO | | REFUSED | | PO |
| 2/23 | 140.7 | 94 | 123/79 | 99 | 18 | — | Y (N) | REFUSED PO | | TRANSFERRED TO PAPA | | |
| 2/24 | 138.5 | 96.1 | 117/75 | 88 | 16 | — | Y (N) | ON PAPA | PAPA | REFUSED PO | | |
| 2/25 | 135 | 97.4 | 114/70 | 88 | 16 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x3 Boost x1 Jx1 | 1665 | 2975 |
| 2/26 | 141.5 | 98 | 111/76 | 87 | 16 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 ~~Boost x1~~ Jx1 | 830 | 2140 |
| 2/27 | 142.8 | 96 | 124/76 | 85 | 18 | — | (Y) N | 2cal x2 Boost x1 | 1310 | 2cal x1 Jx1 | 830 | 2140 |
| 2/28 | 142.0 | 97 | 110/69 | 73 | 18 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x1 Jx1 | 725 ~~530~~ | 2035 |
| [redacted] | | | | | | | Y N | | | | | |
| 3/1 | 141.6 | 98.5 | 125/79 | 101 | 20 | — | Y N | Boost x1 2cal x2 | 1310 | 2cal x1 Jx1 | 725 | 2035 |
| 3/2 | 142.4 | 98 | 113/70 | 87 | 16 | — | Y (N) | ~~Boost 2x1~~ 2cal x2 ~~Boost x1~~ | 1310 | 2cal x1 Jx1 | 725 | 2035 |
| 3/3 | 141.7 | 98.6 | 111/70 | 85 | 18 | — | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x1 Jx1 | 725 | 2035 |

TSN = 102 [illegible] 721 22 = (99) total on 2/28

| DATE | WEIGH | EMP | B/P | PULSE | RESP | TEMP | LABS? | EI TYPE | KCAL | EN #2 TYPE | KCAL | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/28 | 130 | 98 | 105/63 | 69 | 16 | X | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 1/29 | 131.5 | 98 | 114/71 | 72 | 12 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 1/30 | 132.0 | 96 | 125/72 | 94 | 16 | X | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 1/31 | 135.1 | 97.6 | 92/61 | 74 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/1 | 131.4 | 98 | 105/72 | 73 | 14 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/2 | 133.5 | 99 | 116/70 | 77 | 18 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/3 | 133.9 | [illegible] | 108/74 | 86 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/4 | 135 | 98.4 | 104/61 | 76 | 18 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/5 | 136 | 98 | 104/60 | 81 | 18 | | Y N | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/6 | 137.7 | 98.6 | 114/74 | 83 | 16 | | (Y) N | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/7 | 138.7 | 97.8 | 113/74 | 85 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/8 | 138.6 | 98.2 | 114/72 | 86 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/9 | 141.4 | 98.4 | 110/70 | 88 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/10 | 145 | 97.2 | 105/63 | 65 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/11 | 144.0 | 97.2 | 123/68 | 76 | 14 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/12 | 145.5 | 97.3 | 117/68 | 83 | 16 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/13 | 142.3 | 96.9 | 104/62 | 77 | 18 | | (Y) N | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |
| 2/14 | 142.5 | 97.5 | 90/62 | 69 | 12 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost x1 | 1665 | 2975 |

[illegible] 97.3 [illegible]

| DATE | HGHT | TEMP | B/P | PULSE | RESP | ~~TEMP~~ | LABS? | EN #1 TYPE | KCAL | EN #2 TYPE | KCAL | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11/02 | 127 | 98 | 110/69 | 69 | 12 | W/A | Y (N) | CONS (1) (1) 2CAL | 1185 | 2cal x2 Boost (1) x1 | 1310 | 2495 |
| 1/12/06 | 122.1 | 98 | 109/64 | 84 | 14 | N/A | Y (N) | 2cal x2 Boost (1) x1 | 2605 | 2cal x2 Boost x1 | 1310 | 2590 |
| 1/12/06 | 121.5 | 98 | 126/61 | 83 | 14 | N/A | (Y) N | ~~[illegible]~~ | | | | |
| 1/13/06 | 125 | 98 | 119/72 | 79 | 13 | N/A | Y (N) | 2cal x2 Boost x1 | 1310 ~~260~~ | 2cal x2 Boost x1 | 1310 | 2620 |
| 1/14/06 | 125 | 97 | 118/76 | 78 | 13 | | Y (N) | 2cal x2 Boost (1) | 1310 | 2cal x2 Boost (1) x1 | 1310 | 2620 |
| 1/15/06 | 125.5 | 97.8 | 119/76 | 85 | 14 | | Y (N) | 2cal x(1) (1) Boost (1) | 1310 | 2cal x6 Boost (1) | 1310 | 2620 |
| 1/16/06 | 126.3 | 98 | 117/70 | 83 | 14 | | Y N | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost (1) x1 | 1310 | 2620 |
| 1/17/06 | 126.9 | 96 | 102/65 | 72 | 16 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost (1) x1 | 1310 | 2620 |
| 1/18/06 | 122.6 | 98 | 104/71 | 71 | 12 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost (1) x1 | 1310 | 2620 |
| 1/19/06 | 127 | 97 | 127/86 | 71 | 14 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost (1) x1 Jevity x1 | 1665 | 2975 |
| 1/20/06 | 126.5 | 97 | 119/66 | 85 | 16 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost (1) x1 Jevity x1 | 1665 | 2975 |
| 1/21/06 | 125.8 | 98 | 110/65 | 67 | 9 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | [illegible] | 1665 | 2975 |
| 1/22/06 | 126.8 | 98 | 137/66 | 69 | 12 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | 1 [illegible] | 1665 | 2975 |
| 1/23/06 | 128.1 | 97 | 99/60 | 68 | 12 | | (Y) N | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost (1) x1 | 1665 | 2975 |
| 1/24/06 | 127.5 | 98 | 101/61 | 76 | 18 | | Y (N) | 2cal x2 Boost (1) x1 | 1310 | 2cal x2 Boost x1 Jevity x1 | 1665 | 2975 |
| 1/25 | 126.7 | 98 | 112/72 | 81 | 12 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost (1) x1 Jevity x1 | 1665 | 2975 |
| 1/26 | 128.5 | 97.5 | 121/69 | 82 | 14 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost (1) x1 Jevity x1 | 1665 | 2975 |
| 1/27 | 129.2 | 97.7 | 105/81 | 79 | 18 | | Y (N) | 2cal x2 Boost x1 | 1310 | 2cal x2 Boost (1) x1 Jevity x1 | 1665 | 2975 |

#093 1 of 2

MEDICAL RECORD — DOCTOR'S ORDERS

DATE | TIME | ORDERS | PHYSICIAN SIGNATURE

21MAY06 1310 — ① Lab f. 22MAY06
- CBC
- CMP
- Mg + Phos

(b)(3):10 USC §130b,(b)(6)

Orders Verified 5/21/06 1412

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

31MAY06 1045 — ① Starting 01JUN06 ΔEF to the following:
→ 4 cans Jevity 1.0 BID
→ HOΔ in H2O content of EF.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

5/31/06 1530

(b)(3):10 USC §130b,(b)(6)

Orders Verified 6/1/06

04JUN06 1105 — ① Lab f. 05JUN06
- CBC
- CMP
- Mg + Phos

(b)(3):10 USC §130b,(b)(6)

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DOCTOR'S ORDERS

## MEDICAL RECORD

## DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

MEDICAL RECORD

DOCTOR'S ORDERS

DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

12 MAY 06
1500

① Allegra 180 mg po q day for one month.

(b)(3):10 USC §130b,(b)(6)

Noted 5/12/06 1553

(b)(3):10 USC §130b,(b)(6)

order verified 5/14/06 0800

19 MAY 06
0730

① Starting 20 MAY 06 a diet to the following
→ lean Jerky 1.5 and Jerky 1.0 via DHT BID
→ No ↑ in Hco contact Dr. EF

(b)(3):10 USC §130b,(b)(6)

Noted 5/19/06 1000

orders verified 5/20/06 0800

19 MAY 06
1405

① Humid LA ÷ tab po BID x 2 weeks.
② Please place on Dental list 7° to significant gingivitis

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

noted 5/20/06 0800

Image 120 | JOB Dr C/ JBC
① Dexamethasone (Hemabate)
② Sulfa long Rectal ~~[illegible]~~ x 14 days

(b)(3):10 USC §130b,(b)(6)

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DOCTOR'S ORDERS

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME | | NA | DRUG ORDERS | DOCTOR'S SIG (STUDY) | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |
| | | | | | |

GTMO JMG 1152

MEDICAL RECORD

DOCTOR'S ORDERS

DATE AND TIME | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

26APR06 1220 (1) Starting 27APR06 please change EF diet to the following:
- 3 cans Jevity 1.5 and 1 can Jevity 1.0 in the am
- 3 cans Jevity 1.5 and 1 can Jevity 1.0 in the pm
(2) No Δ in $H_2O$ content of EF.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC

(b)(3):10 USC §130b,(b)(6)

26APR06 Order from Murphy C to Randolph MAR

03MAY06 1500 (1) Starting 04MAY06 Δ diet to 2 cans Jevity 1.5 + 2 cans Jevity 1.0 BID
(2) No Δ in $H_2O$ content of EF.

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC

(b)(3):10 USC §130b,(b)(6)

5/3/06 1520

5/4/06 0845 Order Verified

(b)(3):10 USC §130b,(b)(6)

08MAY06 1230 (1) Labs for 09MAY06:
- CBC
- CMP
- Mg, Phos

(b)(3):10 USC §130b,(b)(6)

Verbal 5/8/06 1224

(b)(3):10 USC §130b,(b)(6)

5/8/06 1245

(b)(3):10 USC §130b,(b)(6)

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MEDICAL RECORD

# DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |

MEDICAL RECORD — DOCTOR'S ORDERS

DATE AND TIME | STAND | PRINT | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

(b)(3):10 USC §130b,(b)(6)

APR 06 @ 1400 No new orders

[illegible] @ 1400 [illegible]

11 APR 06 0800 No new orders

11 APR 06 (1) Labs to be drawn today or tomorrow.

1045 — CBC

— CMP

— Mg, Phos

[illegible] 600 [illegible]

(b)(3):10 USC §130b,(b)(6)

12 APR 06 0800 24° chart check complete

13 APR 06 0930 No new order

(b)(3):10 USC §130b,(b)(6)

17 APR 06 0830 No new orders

18 APR 06 0900 No new orders

20 Apr 06 @ 1400 [illegible]

23 APR 06 (1) Labs f. 24 APR 06

1000 — CBC

— CMP

— Mg, Phos

(b)(3):10 USC §130b,(b)(6)

[illegible]

(b)(3):10 USC §130b,(b)(6)

[illegible] 12/23/06 1007

[illegible]

PATIENT'S NAME | REGISTER NO | WARD NO

683

DOCTOR'S ORDERS

Medical Record

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | Rx | DRUG ORDERS | DATE & SIGNATURE | DATE & SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME: DATE | TIME | BY | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24FEB06 | | | | | |
| 0815 | | | ① Sudafed 60mg PO TID x 3days to help with congestion | | |
| 24FEB06 | | | ORDERS NOTED 84 | | |
| 2/24/06 @ 1400 | | | Orders Verified | | |
| 1 Apr 06 | | | 1) D/C all nasal spray 2) Bactrim to both nostrils PO + the fees | | |
| 1 APR 06 | | | D/C Decongestant | | |
| Updated 4/1/06 @ 1140 | | | | | |
| 4/3/06 @ 1400 | | | Orders verified | | |
| 4/3/06 | 0944 | | no new orders | | |
| 07 APR 06 | 1945 | | no new orders | | |
| 08 APR 06 | 1230 | | no new orders | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give Name-last, first, middle (paste, tape, or write here) hospital or medical facility)

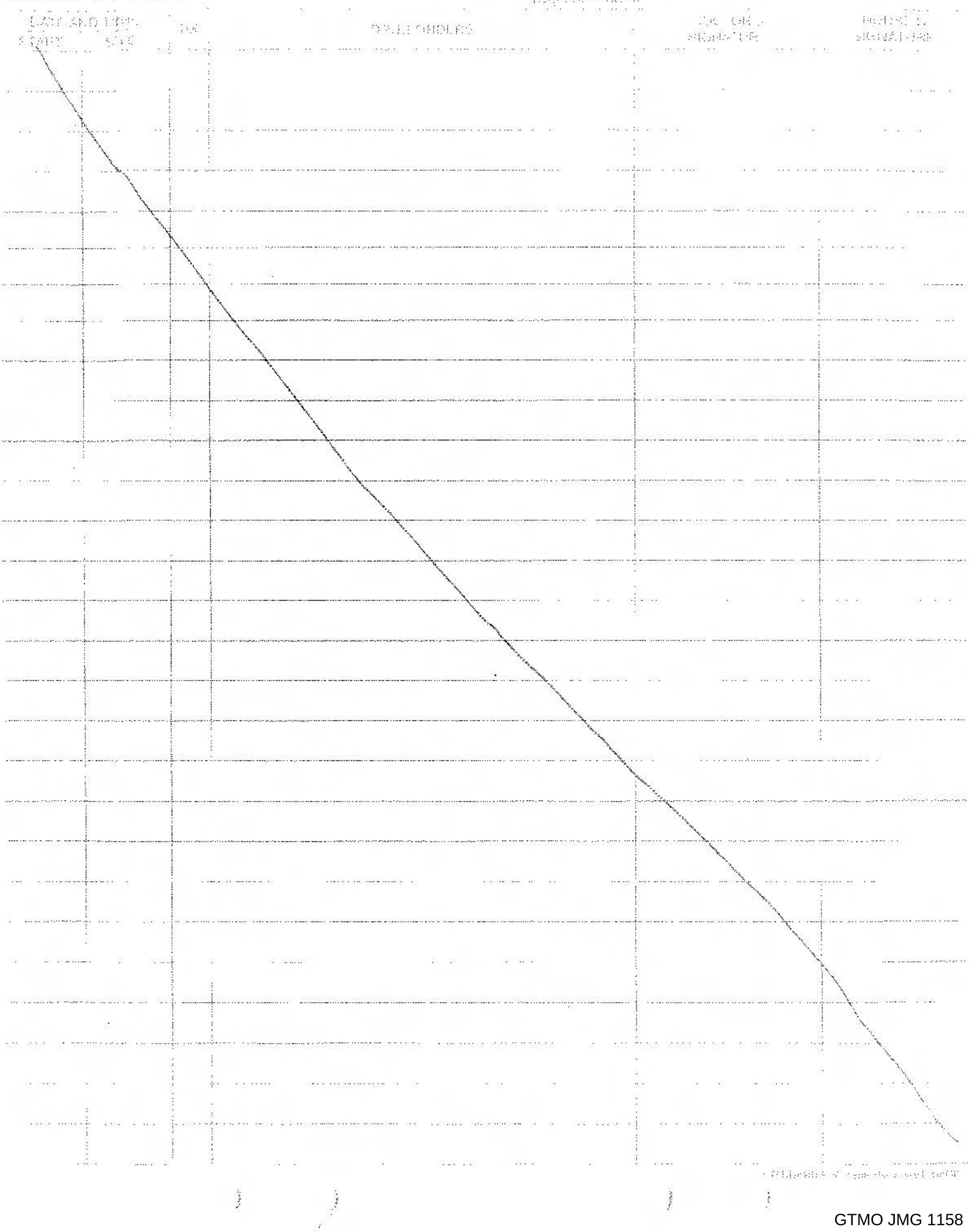
REGISTER NO.

WARD NO.

DOCTOR'S ORDERS
(Medical Record)

MEDICAL RECORD

DOCTOR'S ORDERS



MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | DX | DR'S ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 28mar06 1214 | | | ① Diet to 2840 Kcal/day with 4 meals serving 1.5 in am + pm | | |

(b)(3):10 USC §130b,(b)(6)

Noted Stan 3/29/06

30MAR06c 0840 24° chart check complete

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION (For typed or written name, grade, Name, first, M.I. middle, grade, rank, unit, hospital or medical facility)

REGISTER NO.

WARD NO.

1093

DOCTOR'S ORDERS
Medical Record

MEDICAL RECORD

DOCTOR'S ORDERS

| DATE AND TIME START | DATE AND TIME STOP | | | | |
|---|---|---|---|---|---|
| | | | | | |

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | ID | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 14 mar 06 | | | Clarification on Diet order please give ~~3 cans~~ 2 cans 2cal + ~~2 cans~~ Boost + 1 can Jevity + 1 L H2O BID Thanks | | |
| NOTED: 14 MAR 06 c 1445 | | | (b)(3):10 | (b)(3):10 USC §130b,(b)(6) | |
| 17 mar 06. 1045. | | | ① D/C cantin ② Deconamine T tab po BID c feeds | | |
| | | | ~~Vals Stor 3/17/06 [illegible]~~ | (b)(3):10 USC §130b,(b)(6) | |
| 18 MAR 06 0700 [illegible] | | | | | |
| 19 mar 06 c 638 No new orders [illegible] | | | | (b)(3):10 USC §130b,(b)(6) | |
| 22 MAR 06 c 0915 No new orders | | | | (b)(3):10 USC §130b,(b)(6) | |
| 25 Mar 06 | | | CBC, BMP, mg, Phos, Ca, CFTS CM [illegible] | | |
| | | | | (b)(3):10 USC §130b,(b)(6) | |
| 26 MAR 06 c 0835 [illegible] | | | | | |
| 27 MAR 06 c 0700 No new [illegible] | | | | | |
| 693 | | | | | |

(b)(3):10 USC §130b,(b)(6)

Medical Record

MEDICAL RECORD

DOCTOR'S ORDERS

| DATE AND TIME START | STOP | RX | DRUG/ORDER | PHYSICIAN ORDER CODE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

3/2/06 no new orders

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

3 Mar 06
0845 CBC, LFT's, BMP, Mg, Phos + Ca
On Monday (3/6/06)

(b)(3):10 USC §130b,(b)(6)

NPO: 3/3/06 @ 0940 (b)(3):10 USC

3/6/06 @ 0939 24° chart check completed

(b)(3):10 USC §130b,(b)(6)

3/10/06 @ 0930 24° chart check completed

(b)(3):10 USC §130b,(b)(6)

3/11/06
1137 ① CBC, BMP, LFTs, Ca, Mg on 3/13/06
② Δ diet to 4 cans 2001 +
2 cans Boost ⊕ + 1 can Ensure +
1 L H2O = 2075 kcal in am

(b)(3):10 USC §130b,(b)(6)

well seen 3/10/06

3/14/06 @ 0713 [illegible]

PATIENT'S NAME OR LABEL | REGISTER NO. | WARD NO.

ISN#693

DOCTOR'S ORDERS

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |

STANDARD FORM 511 Rev. 1-80 BACK

GTMO JMG 1164

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | OSCAR BLOCK ADMISSION ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24Feb06 | | 1 | Admit to (b)(2) | | (b)(3):10 USC §130b,(b)(6) |
| | | 2 | Diagnosis: Malnutrition/Hunger Striker. | | |
| | | 3 | Condition: Stable | | |
| | | 4 | VS: Daily and record. | | |
| | | 5 | Call MO with HR > 100 < 50, SBP > 150 < 90, DBP > 100 < 50 | | |
| | | | RR > 30 < 10, T > 101.5 < 97.0 | | |
| | | 6 | Allergies: NKDA | | |
| | | 7 | Activity: per Guard Force protocol. | | |
| | | 8 | Diet: per transfer diet OR: 3 cans 2Cal + 1 can Boost ⊕ + Jenny 1.0 + 1890cc $H_2O$ = 2055 Kcal 84g protein | | (b |
| | | 9 | Labs: | | |
| | | | Basic Metabolic Panel, Ca, Mg, Phos, LFTs, and CBC on Monday 2/27/06 | | (b)(3):10 USC §130b,(b)(6) |
| | | 10 | Weight: upon admission and then daily and record. | | |
| | | 11 | Nursing/HM (b)(2) medical personnel. | | |
| | | 12 | Rx: 1. Reglan (liquid) 10 mg with each enteral feeding. | | |
| | | | 2. Magnesium Citrate, 10 ml with each enteral feeding. | | |
| | | 13 | DHT for enteral feeding. Cleanse and store per protocol. Replace q30 days. | | |
| | | 14 | Get detainee's pre-(b)(2) medical chart and incorporate into | | |
| | | | current (b)(1) Sec medical chart. | | |
| | | 15 | If Detainee choses to eat, begin with BRAT diet x3; then advance to Soft Mechanical | | |
| | | | Then advance to regular diet. | | |
| | | 16 | Claritin 10 mg po daily | | |
| | | 17 | Normal saline (sea soft nasal mist) 5-10 drops in each nostril bid | | |
| | | 18 | Flonase 2 sprays each nostril bid | | |

JTF GTMO

Notified 2/24/06 @ 1500 hrs

(continue on reve

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE
middle; grade; rank; rate; hospital or medical fa

REGISTER NO

DOCTOR'S ORDERS
MEDICAL RECORD

1093

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | OSCAR BLOCK ADMISSION ORDERS CON'T | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | 19 | Sudafed 60 mg po TID x 3 days | | (b)(3):10 USC §130b, (b)(6) |
| 24Feb06 | | 20 | Start Diet on 2/25/06 | | |
| | | | JTF GTMO (b)(3):10 USC §130b,(b)(6) | | |
| Noted: 2/24/06 @ 1500 | | | | | |
| 2/25/06 | | | 24 hr chart check (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.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|
| DATE AND TIME START | STOP | RX | OSCAR BLOCK DISCHARGE ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| 23 Feb 06 1553 1410 | (b)(3 | 1 | Transfer: From (b)(2) | | |
| | | 2 | Diagnosis: Hunger Strike--Temporarly holding enteral feeds until nasal inflammation improves | | |
| | | 3 | Condition: Well hydrated, stable, and good. | | |
| | | 4 | Weighting Detainees: Daily weights while in papa block. | | |
| | | 5 | Activity: Per Guard Force protocol | | |
| | | 6 | Diet: Brat x 3 then Soft x 3 then Regular if detainee decides to eat | | |
| | Published Standard | 7 | Followup: The assigned Block Hospital Corpsman from the (b)(2) will provide daily medical visits to papa block. The detainee will also be seen by a medical provider while at Papa. | | |
| | | 8 | Supplemental feeding: The assigned Block Hospital Corpsman will provide 3 cans of 2 Cal, 1 can Boost + and 1 can Jevity 1.0 to the detainee if he decides not to eat but drink a liquid meal at 0700 & 1400 . The Guard Force will supervise the consumption of this feeding per block protocol. | | |
| (b)(3):10 USC §130b,(b) | | 9 | Meds: a. Flonase 2 sprays in each nostril bid<br>b. Normal saline (sea soft nasal mist) 5-10 drops in each nostril bid<br>c. Claritin 10mg po daily | | |
| | | 10 | Other: Give at least 64oz water per day | | |
| | | 11 | Please ensure transportation to Delta clinic for 07 | | |
| | | | JTF C | | |

(b)(3):10 USC §130b,(b)(6)

Expected Start Date and Time Stats/Admit Reason

PATIENT'S IDENTIFICATION middle; grade; rank; rate; hospital or medical facility) TER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME | SYMBOLS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

(b)(3):10 USC §130b,(b)(6)

2/21/06 0915 V.O. [illegible] CLEAR NOT INSERT DHT [illegible] FOR NEXT 6 DAYS TO ALLOW INFLAMMATION TO ↓. MAY INSERT DHT [illegible] M.O.

(b)(3):10 USC §130b,(b)(6)

2/22/Dec D 13D 2nd chart audit completed

(b)(3):10 USC

(b)(3):10 USC §130b,(b)(6)

22FEB06 0915

① Please change ~~meals~~ enteral feeds to 3 cans 2Cal, 1 can Boost ⊕, Jenny 1.0 + 1890cc $H_2O$ BID
TOTAL CALORIC INTAKE 2035 1
84g protein

② Give at least 64 oz of water throughout the day. If detainee decides not to eat or drink meal orally. (Do not insert DHT orally)

(b)(3):10 USC §130b,(b)(6)

NOTED 2/22/Dec C 1500

2/23/Dec C 1200 2nd chart audit completed

(b)(3):10 USC §130b,(b)(6)

693

DOCTOR'S ORDERS
Medical Record

GTMO JMG 1171

MEDICAL RECORD

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |
| | | | | | |

STANDARD FORM 508 (REV. 3-94) BACK

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | OK | DOCTOR'S ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 21 FEB 06 1641 | | | ① Claritin 10mg po Daily | (b)(3):10 USC §130b, (b)(6) | |
| No 200: 22 FEB 06 @ 1000 | | | | (b)(3):10 USC §130b,(b)(6) | |

(b)(3):10 USC §130b, (b)(6)

(b)(3):10 USC §130b,(b)(6)

PATIENT'S NAME | REGISTER NO. | WARD NO.

693

DOCTOR'S ORDERS
Medical Record

MEDICAL RECORD

DOCTOR'S ORDERS

| DATE AND TIME (24 hr) | | | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|
| | | | | |

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME | | RX | ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| STAT | STOP | | | | |

17Feb06 0940

① Protonix 40mg po Daily Please give 30min prior to feeding mixed with $H_2O$

② Obtain CBC ~~&~~ BMP, PO4, Ca, Mg + LFTs today (b)(3):10 USC §130b,(b)(6) 2/20/06.

17Feb06 0942.

① Normal saline 5-10 drops in nostril prior to and ⊽ feeding

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

2/17/06 0930

2/19/06 0835 24hr chart review completed Dr

2/20/06 0 1100 V.O from Dr. G to Nurse H Flonase 2 sprays each nare BID

(b)(3):10 USC §130b,(b)(6)

Nolb 5cc 0/20/06 (b)(3):10 USC

PATIENT'S DESTINATION

REGISTER NO.

VA HC NO.

693

DOCTOR'S ORDERS

MEDICAL RECORD

# DOCTOR'S ORDERS
*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|

MEDICAL RECORD

DOCTOR'S ORDERS

DATE | TIME | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

Medical Orders

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

11e Feb 06
0845

① CBC, BUP, Mg, Phos, Ca, LFTs
on 2/20/06 (Monday).

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

2/10/06

PATIENT'S INSTITUTION | PROVIDER NO. | WARD NO.

# 693

DOCTOR'S ORDERS

Medical Records

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |

GTMO JMG 1178

508-111 NSN 7540-00-634-4121

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 10 Feb 06 0834 | | | 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 Indeper (b)(3):10 USC §130b,(b)(6) ) within 1 hour of restraints) | | |
| | | | GITMO | | |
| | | | **INITIATION OF RESTRAINTS -- MEDICA** | | |
| | | | 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 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

STANDARD FORM 508 (REV. 3-94)
Prescribed by OSAM&R, FIPMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 2/10/06 | |
| 1445 | **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 (b)(3):10 USC §130b,(b)(6) |
| | |
| 2/10/06 1445 | **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) |
| 2/10/06 1640 | **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 1640 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | (continue on reverse side) |

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

PROGRESS NOTES
Medical Record

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STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRM/R (41CFR)

# RESTRAINT OBSERVATION SHEET

[illegible]

| Date | Limb Restrained | Time | | Limb Restrained | Time | |
|---|---|---|---|---|---|---|
| 2/10/06 | Left arm | 1645 | 1640 | Left leg | 1445 | 1640 |
| | Right arm | 1445 | 1640 | Right leg | 1445 | 1640 |

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

1. Lines of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling inaudibly
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 ½ 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 (SF 509)

*Minimal Time Requirements

| 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 | | | 1420 | | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1,12,13,I,K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1,12,13 | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1,12,13 | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1,12,13,I,K | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | 1,12,13 | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | 1,12,13,I, | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | 1,12,13 | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | 1,12,13 | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | 1,12,I,K, | | 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)

(b)(3):10 USC §130b,(b)(6)

693

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

DATE AND TIME | STOP | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

28 Jan 06
0851

① Please give 500 cc free H2O BID ℄ or after feeds if not done already
Thanks

(b)(3):10 USC §130b,(b)(6)

Noted 1/28 @ 08

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

30 JAN 06 10:49 ① Labs 1/31/06 → BMP, Ca, Mg, Phos, CBC, LFT
JTF GTMO

(b)(3):10 USC

Noted (b)(3):10 USC §130b (b)( 1/30/06 (b)(3):10 USC

(b)(3)

5 FEB 06 10:25 ① Labs: 2/6/06 → BMP, Ca, Mg, Phos, CBC, LFTs
JTF GTMO

(b)(3):10 USC §130b,(b)(6)

Noted 5 Feb 06

1/6/06 Q 1700 ∅ new orders

7/FEB/06 — NO NEW ORDERS

9/FEB/06 — ∅ new orders

(b)(3):10 USC §130b (b)(

10 Feb 06
0546 ① CBC / BMP / LFTs / Ca / Phos / Mg on 2/13/06, Monday

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Ft 693

DOCTOR'S ORDERS

MEDICAL RECORD

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |



GTMO JMG 1183

MEDICAL RECORD

DOCTOR'S ORDERS

NSN 7540-01-634-4121

DATE AND TIME | STOP | TIME | DR | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE

1/16/05 10:30 (1) Draw Basic Metabolic Panel, Ca, Mg, Phos, + CBC w/ diff today

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

GTMO

NOTED: 1/16/05 @ 1605

~~1/18/06~~ (b)(3):10 USC

19Jan06 0941 Please change diet to.

2cans 2Cal + iBoost ⊕ + 500cc $H_2O$ in am

2cans 2Cal + iBoost ⊕ + Identity 1 + 250cc $H_2O$ in pm

(b)(3):10 USC §130b,(b)(6)

19 Jan 06

(b)(3):10 USC §130b,(b)(6)

23Jan06 0927 CBC / BMP / PO4 / Ca / magnesium / alb

(b)(3):10 USC §130b,(b)(6)

NOTED - 1/23/06 @ 0929

(b)(3):10 USC §130b,(b)(6)

693

DOCTOR'S ORDERS
Medical Record

GTMO JMG 1184

MEDICAL RECORD

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

GTMO JMG 1185

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME START | STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| 1-10-06 | | 1 | Admit to (b)(2) | | |
| 19:00 | | 2 | Diagnosis: Malnutrition/Hunger Striker. | | |
| | | 3 | Condition: Stable | | |
| | | 4 | VS: Take daily and record. Weigh weekly and record. | | |
| | | 5 | Call MO with HR > 100 < 50, SBP > 150 < 90, DBP > 100 < 50 | | |
| | | | RR > 30 < 10, T > 101.5 < 97.0 | | |
| | | 6 | Allergies: NKDA | | |
| | | 7 | Activity: per Guard Force protocol. | | |
| | | 8 | Diet: per transfer diet OR: BLOCK ENTERAL FEED | | |
| | | | B.I.D. | | |
| | | 9 | Labs: | | |
| | | | 1. CBC, BMP, Ca, Mg, PO4, albumin, and TSH (if not done previously) | | |
| | | 10 | Weight: upon admission and then weekly and record. | | |
| | | 11 | Nursing/HM (b)(2) medical personnel. | | |
| | | 12 | Rx: 1. Reglan (liquid) 10 mg with each enteral feeding. | | |
| | | | 2. Magnesium Citrate, 10 ml with each enteral feeding. | | |
| | | 13 | DHT for enteral feeding. Cleanse and store per protocol. Replace q30 days. | | |
| | | 14 | Get detainee's pre-(b)(2) medical chart and incorporate into | | |
| | | | current (b)(2) medical chart. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | JTF GTMO DR. | | |

(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

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

508-11

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

| DATE AND TIME START | STOP | DR | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 1/3/06 1110 | | | (1) A DIET to (1) Regular ensure @ 0600, 1400 2 ensure @ 2200 | | |
| | | | Noted | | |
| | | | [illegible] | | |
| 9/10/06 | | | [illegible] | | |
| 10 Jan 06 0010 | | | No New Orders | | |
| 7 Jan 06 0010 | | | No New Orders | | |
| 05 Jan 06 1200 | | | No New Orders | | |
| 4 Jan 06 [illegible] | | | | | |
| 1/9/06 1030 | | | | | |
| 10 Jan 06 0200 | | | No New orders | | |
| 1/10/06 1110 | | | (1) Discontinue ZOLOFT<br>(2) Please add 150 cc $H_2O$ to feeds<br>(3) Discontinue Neutraphos<br>(4) Please ensure<br>(5) CMP, Mg, Phos, Ca 1/10/06 | | |
| Noted 1/10/06 @ 1110 | | | | 4640 2012 | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION

693

DOCTOR'S ORDERS
Medical Record

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | STOP | RX | ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 1/11/06 01:45 | | | 1) On (b)(2) for Feeding<br>2) Reglan 10 mg liquid with each feed<br>3) Mg Citrate 30 cc liquid with each feed<br>4) Daily weight and vital signs (BP, Temp, Resp, Pulse)<br>5) Call Medical officer for Temp > 100.5 F; pulse < 45 + > 120; BP < 80 Systolic > 140; < 45 diastolic + > 100 diastolic; Resp > 20 + < 6.<br>6) 500 cc $H_2O$ with each feed to ensure adequate hydration after feed completed<br>7) See DMT orders for enteral feeds.<br>GTMO (b)(3):10 USC<br>Noted 1/11/06 @ 1005 | | |

12 Jan 06 11 CBC, BMP, Ca, phos, mag, ~~albumin~~, TFT
1030

(b)(3):10 USC §130b,(b)(6)

AGE-111

# MEDICAL RECORD

## DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | STOP | DX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 2 Jan/06 0145 | | | ① D/C Foley, remove Hep & to cath & transfer to Block | | |
| | | | ② Sgt. Harger stable — | (b)(3):10 USC §130b,(b)(6) | |
| | | | ③ condition: stable — | | |
| | | | ④ Oxygen: Jackel — | | |
| | | | ⑤ Diet: Full 3 cans TDO — free H2O (1-1.5 L) daily | (b)(3):10 USC §130b,(b | |
| | | | ⑥ activity: as tolerated — | (b)(3):10 USC | |
| | | | ⑦ Further orders as per Block MD | | (b)(3):10 |
| | | | ⑧ other Rx. — | (b)(3):10 USC | |
| | | | - Wound care 2 packets Tucks wound — | (b)(3):10 USC §130b,(b)(6) | |
| | | | - Protonix 40mg qD | | |
| | | | - Zoloft 50mg PO qD | | (b)(3):10 USC §130 |
| | | | Reglan 10mg mix in Amp mag. citrate 30c | Rec | |

(b)(3):10 USC §130b,(b)(6)

Nurse: 2 Aurelio OIC: MO: Sergeant [illegible] 260 lbs

(b)(3):10 USC §130b,(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle, grade, [illegible], hospital or medical facility)

REGISTER NO

WARD NO

693

DOCTOR'S ORDERS
Medical Record

MEDICAL RECORD

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

STANDARD FORM 508 (Rev. 8-93) BACK

GTMO JMG 1191

MEDICAL RECORD

DOCTOR'S ORDERS

| DATE AND TIME START | STOP | NO. | ORDERS CONTINUED | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12/31/05 1332 | | | ① Please add 30cc Magnesium Citrate and 10mg Reglan to ~~each~~ feed in AM (b)(3):10 USC §130b,(b)(3):10 | | |
| | | | ② Simethicone 80mg PO QID PRN gas/abd discomfort (b)(3):10 USC §130b,(b)(6) | | (b)(3):10 USC |
| 12/31/05 1400 | | | ① Zolpidem 5mg PO at (b)(3):10 USC | | (b)(3):10 USC |
| | | | ② Please provide with apple juice / grape juice at bedside (b)(3):10 (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted (b)(3):10 USC §130b,(b)(6) | (b)(3):10 USC §130b,(b)(6) | |

PATIENT'S IDENTIFICATION (Fix label or write, stamp or type name, last, first, middle, rank, rate, etc., including a unit/bed number)

REGISTER NO.

WARD NO.

DOCTOR'S ORDERS

Medical Record

693

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| | | | | | |

STANDARD FORM 508 (REV. 3-91) BACK

GTMO JMG 1193

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | HX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 28 Dec 05 | | | ① Transfer to (b)(2) | | |
| | 1041 | | ② Dx: Hoarse throat strained - non-surgical abd pain | | |
| | | | ③ condition: stable | | |
| | | | ④ Diagnosis: guarded | | |
| | | | ⑤ Diet: Ensure 3 cans | TED | |
| | | | ⑥ activity: as tolerated | | |
| | | | ⑦ Rx: Vectrin-phen 2 packets TID 5 meals - Mg-oxide 2 tabs QD | | |
| | | | ⑧ Further orders by ward MO | | |
| AOW 1900 | | | noted (b)(3):10 USC §130b,(b)(6) 28 DEC 05 1145 | (b)(3):10 USC §130b,(b)(6) | |
| 12/28/05 @ 2245 Intervened | | | | | |
| 12/29/05 1700 | | | ① Protonix 40mg PO QD | | |
| | | | Noted 29 Dec (b)(3):10 (b)(3):10 USC §130b (b)(6) 2124 by | 4640120 12 | (b)(3):10 USC §130b,(b)(6) |
| 12/30/05 @ 0147 order not yet signed, MAP & [illegible] | | | | | |
| 31DEC05 0132 No New Orders | | | | | R |

(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

DOCTOR'S ORDERS
Medical Record

**MEDICAL RECORD**

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | Rx | UNIT ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 2-7 pm | | | ① D/c IV & Fluids / meds | | |
| on P | | | ② D/c antibiotics (7 yr) | | |
| | | | ③ D/c contrast Foley | | |
| | | | ④ Start tab Percocet / Advance diet as tolerated | | |
| 270207 | | | ① | | |
| | | | | 12/27 | |
| | | | | 12/27/05 | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

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

DOCTOR'S ORDERS
Medical Record

**MEDICAL RECORD**

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

STANDARD FORM 508 (Rev. 3-94) BACK

GTMO JMG 1197

DD Form 1721

NSN 7540-00-634-4041

# MEDICAL RECORD

## DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12/20/05 0900 | | | ① Force ABX [illegible] | (b)(3):10 USC §130b,(b)(6) | |
| | | | ② ↓ EVF to 10 cc/hr | | |
| | | | ③ CBC, LFTs in AM 12/20/05 | | |
| | | | ④ [illegible] care and High Ankle | (b)(3):10 USC §130b,(b)(6) | |
| 12/20/05 0915 | | | ① Tylenol cy Cutt glucosamine IV | (b)(3):10 USC §130b,(b)(6) | |
| | | | ② mouthwash → 2 packets TID diluted in 30 cc water or water free formula. | | |
| | | | ③ weight axis 2 lbs lb/day | | |
| | | | ④ BRP + weight through foot | | |
| | | | ⑤ weight daily | | |
| | | | ⑥ CPK, Aspartate every IV ABX | | |
| | | | ⑦ Dex → fluorine 5 cc/liter | | |
| | | | ⑧ Flat bed every 12 hrs | (b)(3):10 USC §130b,(b)(6) | |
| | | | No (b)(3):10 USC §130b,(b)(6) | (b)(3):10 USC §130b,(b)(6) | |
| | | | 24 hr [illegible] | | |
| | | | (b)(3):10 USC §130b,(b)(6) | IV [illegible] | (b)(3):10 USC §130b,(b)(6) |
| | | | | 1725 | (b)(3):10 USC §130b,(b)(6) |
| | | | 22 DEC [illegible] 2330 LP chart completed | | |

(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

DOCTOR'S ORDERS

Medical Record

STANDARD FORM 1721 (Rev. 10-74)

Prescribed by DSN/CNR, NSW; 41 CFR 101-11.202-1

MEDICAL RECORD

# DOCTOR'S ORDERS
*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

508-111

NSN 7540-00-634-4131

# MEDICAL RECORD

## DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | HX | DOCTOR'S ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12/25/05 | 1930 | | Admit to DACU | | (b)(3):10 USC §130b,(b)(6) |
| | | | Dx: abdominal pain, r/o internal bleed | | |
| | | | stable NV-DA | | |
| | | | NPO | | |
| | | | Act: bed rest | | |
| | | | vitals q 4h | | |
| | | | D5 ½ NS @ 200 ml KCL @ 150 cc/hr | | |
| | | | Nursing: I/Os | | |
| | | | call MD for T>101°, SBP>180<90, DBP>100, | | |
| | | | U/O < 120 cc/4h | | |
| | | | Meds: Morphine 4.0 g IV q 4hr | | |
| | | | Zosyn 3.375 g IV q 6h | | |
| | | | Benadryl 50 mg IV q 6h | | |
| | | | Labs: CBC, Chem-7, AST, ALT, Alk phos, ~~Amylase~~ & total bilirubin, amylase, lipase, PT/PTT/INR | | |
| | | | type and screen on arrival to DACU | | |
| | | | CBC in AM 12/26/05 | | |
| | | | Lab ac bolus on arrival to DACU | | |
| | | | NOTE: 25 DEC 05 C 2200 | | (b)(3):10 USC |
| | | | 25 DEC 05 C 2030 240 chart complete | | |

(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.

(b)(3):10 USC §130b,(b)(6)

DOCTOR'S ORDERS
Medical Record

GTMO JMG 1200

MEDICAL RECORD

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| START | STOP | | | | |
| | | | | | |

STANDARD FORM 506 (Rev. 3-94) BACK

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | STOP | OK | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S |
|---|---|---|---|---|---|
| 12/25/05 0930 | | | ① Discontinue MOTRIN Elixir | | (b)(3):10 USC §130b,(b)(6) |
| | | | ② Tylenol with codeine 15cc q 4 hrs PRN pain | | |
| 12/25/05 0930 | | | ① Δ IV fluids to NS | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Noted 12/25/05 @ 1820

PATIENT'S IDENTIFICATION (Put name, rank, serial number, unit, hospital, ward, date and time of admission, and other pertinent medical data here)

DIAGNOSIS (ICD)

WARD NO.

693

DOCTOR'S ORDERS

MEDICAL RECORD

# DOCTOR'S ORDERS

(sign all orders)

| DATE AND TIME | | | | | |
|---|---|---|---|---|---|
| START | STOP | | MEDICAL ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| | | | | | |

STANDARD FORM 66 (Rev. 2-54) BACK

GTMO JMG 1204

MEDICAL RECORD — DOCTOR'S ORDERS (Sign all orders)

| DATE AND TIME START | STOP | DO | DR'S ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12-24-05 18:46 | | ✓ (1) | Chest X Ray PA + Lat | pulmonary done | |
| | | ✓ (2) | Blood Cultures x 2 done | | |
| | | (3) | Motrin Elixir 30 cc PO | nurse done x 1 @ 1950 | |
| | | | and may repeat every 6 hours | | |
| | | | for fever above 100.5°F | | |
| | | ✓ (4) | U/A & culture | | |
| | | ✓ (5) | CBC stat done | | |
| | | ✓ (6) | after blood cultures, please give | | |
| | | | 1 gram Rocephin IV piggyback | done x 1. | |
| | | | every 6 hours x 2 doses | | |
| 12-24-05 18:48 | | ✓ | Psychiatric Consult | (b)(3):10 USC §130b,(b)(6) | |
| 24 DEC 05 20:11 | | ✓ (1) | Zosyn 3.375 gram IVPB q 6 h. | | |
| | | | Begin at midnight 0000 25 Dec | | |
| | | ✓ (2) | D/C Rocephin order | (b)(3):10 USC §130b,(b)(6) | |
| 24 DEC 05 20:24 | | ✓ (1) | Place 10F chest tube | | |
| | | ✓ (2) | Vitals signs q 4 hours | | |
| | | ✓ (3) | Call Medical Officer for any sign of (↓) Pulse ox, (↑) respirations | | |

(b)(3):10 USC §130b,(b)(6)

PATIENT IDENTIFICATION (For patient identification please have name and date of birth, or other identification, written in upper or lower left corner) | DIAGNOSIS OF ADM. | WARD NO.

643

DOCTOR'S ORDERS

MEDICAL RECORD

# DOCTOR'S ORDERS

*(Sign all orders)*

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

STANDARD FORM 508 (Rev. 7-91) BACK

GTMO JMG 1206

MEDICAL RECORD — DOCTOR'S ORDERS

DATE AND TIME | START | STOP | PX | DRUG ORDERS | PHYSICIAN SIGNATURE | NURSE'S SIGNATURE

12/23/05

(250cc)

30mmol / KPhos @ 75cc/

(b)(3):10 USC §130b,(b)(6)

d/c accepley

stat protonix 40mg IV ~~[redacted]~~ qd.

Physical Therapy consult. Done

↳ evaluate for knee brace

Recheck BMP, Mg, Phos, calcium

on 12/24/05

① Vicodin 5/500 1 tab PO Q 4 HRS PRN PAIN

12/23/05 ~~② CBC, CMP, Mg, PHOS, CA~~

1230 ③ Acute ABD SERIES done

④ Liquid DIET

(b)(3):10 USC §130b,(b)(6)

① Daily WEIGHTS.

12/23/05 ② TSH, T4, CBC, H pylori stool antigen 12/24/05

1235

(b)(3):10 USC §130b,(b)(6)

noted (b)(3):10 USC §130b,(b)(6)

12/23/05 2015 V.O.

1. Remove bair hugger, give warm blanke
2. EKG ×1 now
3. Labs TSH, T4, & blood glucose

(b)(3):10 USC §130b,(b)(6)

12/23/05 2 [illegible]

PATIENT SUPPLY TUBE ATTACH

DOCTOR'S ORDERS

093

# MEDICAL RECORD

## DOCTOR'S ORDERS

(Sign all entries)

| DATE AND TIME START | DATE AND TIME STOP | AM | DR. ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

GTMO JMG 1208

NSN 7540-00-634-4121

MEDICAL RECORD

# DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12/22/05 17:15 | | | Admit to (b)(2) **Phase I: Admission & Rehydration** | (b)(3):10 USC §130b,(b)(6) | |
| | | | Diagnosis: Significant weight loss. | | |
| | | | Condition: Stable | | |
| | | | VS: Q4hr x 2 then Q 8hrs | | |
| | | | Call MO with HR > 100 < 50, SBP > 150 < 90, DBP > 100 < 50 | | |
| | | | RR > 30 < 10, T > 101.5 < 97.0 | | |
| | | | Allergies: NKDA | | |
| | | | Activity: As Tolerated | | |
| | | | Diet: Regular diet with 2 ensures at each meal. No bathroom | | |
| | | | for an hour after eating. Observe for purging. | | |
| | | | Lab: UA, H.pylori stool antigen + guiac | | |
| | | | 2. Fingerstick blood sugar (document on MAR) in am | | |
| | | | Weight: Obtained at delta clinic. Weight every 2 days | | |
| | | | IV: | | |
| | | | 1. "Banana bag" once daily = 1 L $D_5$ 1/2 normal saline with 20 meq KCL, add 1 vial MVI, | | |
| | | | 500 mg magnesium sulfate, 1 vial trace elements, and 1 mg folic acid; run @ 100 cc/hr | | |
| | | | 2. Maintenance fluid of $D_5$ 1/2 Normal Saline with 20 meq KCL; run @ 100cc/hr | | |
| | | | (stop maintenance fluid while infusing Banana Bag) | | |
| | | | PRN Medications: | | |
| | | | ~~1. Thiamine 100 mg IV one time (prior to giving ANY Dextrose or $D_5$)~~ given | | |
| | | | 2. Glucose 50 grams ($D_{50}$, 1 amp) IV if blood sugar < 60 and patient lethargic or unresponsive | | |
| | | | 3. Tylenol 650mg PO Q 6 hrs PRN pain, headache | | |
| | | | 4. Mylanta 15-30 ml PO Q 4 hrs PRN indigestion, heartburn | | |
| | | | RAD: CXR PA + LAT and AAS in morning. | | |
| | | | Med: clopate 240mg po qd, aceptex 20mg po bid | | |

(continue on reverse side)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade; (b)(3):10 USC §130b (b) or medical facility)

noted 23DEC05 1735

| REGISTER NO. | WARD NO. |
|---|---|
| | |

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FORM 508 (REV. 3-04)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

DETAINEE CARE PROFILE

Revised 1/05

| ACTIVITY | DATE | | BATH | DATE | DIET | DATE | | VITAL SIGNS | FREQ |
|---|---|---|---|---|---|---|---|---|---|
| Bed Rest | | | Bed Bath | | | | | Temp | |
| Ambulatory | | | Shower | | | | | Pulse | |
| Up in Chair | | | Tub | | | | | Resp | |
| Ambulate | | | Assist | | | | | BP | |
| Commode | | | | | | | | Pulse Ox | |
| Assist | | | | | | | | Other | |
| | | | ORAL HYGIENE | DATE | FLUIDS | | | FEEDING | DATE |
| | | | Self | | Forced | | | Self | |
| | | | Assist | | Restricted | | | Assist | |
| Other | | | | | I&O | | | Tube Feed | |

| DATE | TREATMENT/SPECIAL NOTES | TIMES | DATE | TREATMENT/SPECIAL NOTES | TIMES |
|---|---|---|---|---|---|
| 1/11/06 | (b)(2) | | | IVF: | |
| 1/11/06 | Daily weight & vital signs | | | Rate: | |
| | (BP, Temp, Resp, Pulse) | | | Gauge: Site: | |
| | Call MO for Temp >100.5 F, | | | | |
| | pulse <45 >120, BP <80 systolic | | | | |
| | >140 systolic, <45 diastolic >100, | | | | |
| | Resp >20 & <6. | | | | |
| 2/22/06 | Give atleast 64 oz. $H_2O$ | | | | |
| | QD IF DET. DECIDES NOT | | | | |
| | TO EAT or drink normally | | | | |
| 2/22/06 | DO NOT INSERT DAT orally | | | | |

DETAINEE ISN

DIAGNOSIS

| AGE | HEIGHT | WEIGHT |
|---|---|---|
| | | |

PATIENT CLASSIFICATION

OP/SPECIAL PROCEDURES

PROCEDURE

# 693

DAILY MEDICATION PROFILE
ED/650-L, 1540-S, NEBS-LF-SOC-650

Revised 7-03

| DATE | MEDICATIONS | TIMES | DATE | LABORATORY/DIAGNOSTIC TESTS/EXAMINATIONS/ CONSULTATIONS | DATE SENT | |
|---|---|---|---|---|---|---|
| 1/11/06 | Replan 10mg liquid c̄ each feed | 0800, 1400 | 1/23 | CBC, BMP, Ca, Mg, PO4, Alb, TSH | | ☒ |
| 1/11 | Mag Citrate 300cc liquid c̄ each feed | 0800, 1400 | 1/31 | CBC, BMP, Ca, Mg, Alb, TSH | ☒ | |
| 1/11 | 2 Ca l X2 + Boost ⊕ x1, | 0800, 1400 | 2/5 | CBC, BMP, Mg, Phos, Ca, LFT | 2/6 | ☒ |
| | c̄ 500ml H2O BID | X | 2/13 | CBC, BMP, Ca, Mg, Phos, LFT | 2/13 | ☒ |
| | | | ~~2/16~~ | ~~CBC, BMP, Ca, Mg, Phos, LFT~~ ~~2/20~~ | ☐ | |
| | | | 2/17 | CBC, BMP, Ca, Mg, Phos, LFT, Amylase, Lypase | | |
| | | | | TODAY ☐ | | |

DECLASSIFIED

**DETAINEE PROFILE HUNGER STRIKE**

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560 Revised 8/05

| ✓ | ACTIVITY | DATE | ✓ | BATH | DATE | DIET | DATE | ✓ | VITAL SIGNS | FREQ |
|---|---|---|---|---|---|---|---|---|---|---|
| | Bed rest | | | Bed Bath | | Per Oder & MAR | | | Temp | Daily |
| | Bathroom Priv | | | Shower | | | | | Pulse | |
| | Up in Chair | | | Tub | | | | | Resp | |
| | Ambulate | | | Assist | | | | | B/P | |
| | Commode | | | | | | | | Pulse Ox | |
| | Assist | | | | | | | | Other | |
| | AS TOLERATED | | | | | | | | | |
| ✓ | Rec 3 times week 1 hour | | | ORAL HYGIENE | DATE | FLUIDS | | | FEEDING | DATE |
| | | | | Self | | Forced | | | Self | |
| | | | | Assist | | Restricted | | | Assist | |
| | Other | | | | | I&O | | ✓ | Tube Feed | |

| DATE | TREATMENT/SPECIAL NOTES | TIMES | DATE | TREATMENT/SPECIAL NOTES | TIMES |
|---|---|---|---|---|---|
| 3/17/06 | Daily Weights | | | Gauge: Site: | |
| 3/21/06 | If chair feed then in AM give 3 cans of Jevity 1.5 & 1 can of Jevity 1.0 then for PM give 3 cans of Jevity 1.5 & 1 can of Jevity 1.0 | | | IVF: | |
| 3/21/06 | With each EF 10mg Reglan, 30ml Mag Citrate, & 1000ml of Water | | | | |
| 2/24/06 | If Det choses to eat, begin wih brat x3, then advance t osoft mech diet x3, then Reg Diet | | | | |
| 2/24/06 | Call M.O. with HR>100, <50; SBP >150, <90; DBP >100,<50; RR>30,<10; T>101.5, <97.0 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| DETAINEE ISN |
|---|
| 693 |

| DIAGNOSIS | AGE | HEIGHT | WEIGHT |
|---|---|---|---|
| Hunger Striker | | | |
| | PATIENT CLASSIFICATION Stable | | |
| OP/SPECIAL PROCEDURES | | | |
| LANGUAGE | | | |

DETAINEE PROFILE
NAVMED 6550/12 (5-80) S/N 0105-LF-206-5360 Revised 9/05

| DATE | MEDICATIONS | TIMES | DATE | LABORATORY/DIAGNOSTIC TESTS/EXAMINATIONS/ CONSULTATIONS | DATE SENT | √ |
|---|---|---|---|---|---|---|
| 4/01/06 | Bactroban to both nares after EF | AM<br>PM | | | | |

DETAINEE ISN
693

NKDA

DETAINEE PROFILE

Revised 7/05

| MOBILITY | DATE | BATH | DATE | DIET | DATE | VITAL SIGNS | FREQ |
|---|---|---|---|---|---|---|---|
| Bed rest | | Bed Bath | | | | Temp | |
| Bathroom | | Shower | | | | Pulse | |
| Sit in Chair | | Tub | | | | Resp | |
| Ambulate | | Assist | | | | B/P | |
| Canes/etc | | | | | | Pulse Ox | |
| Assist | | | | | | Other | |

| | | ORAL HYGIENE | DATE | FLUIDS | | FEEDING | DATE |
|---|---|---|---|---|---|---|---|
| | | Self | | Forced | | Self | |
| | | Assist | | Restricted | | Assist | |
| Other | | | | I&O | | Tube Feed | |

| DATE | TREATMENT/SPECIAL NOTES | TIMES | DATE | TREATMENT/SPECIAL NOTES | TIMES |
|---|---|---|---|---|---|
| 2/24 | WEIGHT UPON ADMISSION | | | IVF: D | |
| | & THEN DAILY & RECORD | | | Rate: N/A | |
| 2/24 | DHT FOR ENTERAL FEEDING | | | Gauge: D Site: N/A | |
| | CLEANSE & STORE PER | | | | |
| | PROTOCOL. REPLACE Q 30 DAYS. | | | | |
| 2/24 | OBTAIN DETS PRE OSCAL BLOCK | | | | |
| | MEDICAL RECORD & INCORPORATE | | | | |
| 2/24 | IF DET CHOOSES TO EAT, BEGIN | | 2/24 | CALL M.O. WITH: HR >100, <50; | |
| | C BRAT X3, THEN ADVANCE TO | | | SBP >150, <90; DBP >100, <50; | |
| | SOFT MECH DIET X3, THEN TO REG DIET | | | RR >30, <10; T >101.5, <97.0 | |
| 2/24 | ADMIT TO (b)(2) | | | | |

DETAINEE ISN

DIAGNOSIS
① MALNUTRITION
② HUNGER STRIKER

AGE | HEIGHT | WEIGHT

PATIENT CLASSIFICATION
STABLE

OP/SPECIAL PROCEDURES

LANGUAGE

#693

NKOA

DETAINEE PROFILE
ID#: [illegible] NAME: [illegible]

Revised 7/03

| DATE | MEDICATIONS | TIMES | DATE | LABORATORY/DIAGNOSTIC TESTS/EXAMINATIONS/ CONSULTATIONS | DATE SENT | N |
|---|---|---|---|---|---|---|
| 2/24 | Reglan elixir 10mg E each | | 2/24 | LABS: BMP, Ca, Mg, Phos, LFTS | | |
| | ENTERAL FEEDING | | | CBC on monday (2/27/06) | ☒ | |
| 2/24 | Magnesium citrate 10 ml E | | 3/3/06 | LABS: CBC, LFT's, BMP, Ca, Mg, | | |
| | each enteral feeding | | | Phos on monday (3/6/06) | ☒ | |
| 2/24 | Clarotin 10mg PO QD | | 3/11/06 | LABS: CBC, BMP, LFT's, PO4, Ca, | | |
| 2/24 | normal saline 5-10 gtts BID | | | Mg on 3/13/06 (monday) | ☒ | |
| | in each nostril | | 3/27 | CBC Mg, Phos, LFT's, BMP, Ca+ | ☒ | |
| 2/24 | RONASE 2 sprays BID each nostril | | 4/24/06 | CBC, CMP, Mg, PO4 | ☒ | |
| 2/24 | Sudafed 60mg PO TID x 3 days | | | | | |
| 2/24 | PRN meds per H&P protocol | | | | | |

DETAINEE ISN

NKOA

#693

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC §130b,(b)(6)

VERIFIED/ DATE: (b)(3):10 USC §130b,(b)(6)

MONTH/ YEAR: Apr 06

*****Any refused, not [illegible] must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

| RN INT. | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | 3/24/06 | I | Mag Citrate 30 cc PO STAT | AM | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | |
| | / | / | each feed | PM | | | | | | | | | | | | | | |
| | 3/25/06 | I | 4 cans jevity 1.5 BID, 16 oz | AM | | | | | | | | | | | | | | |
| | / | / | reglan + 12 H2O BID | PM | | | | | | | | | | | | | | |
| | 4/1/06 | I | Bactrim to both nares | AM | | | | | | | | | | | | | | |
| | / | / | ⅌ the feeds | PM | | | | | | | | | | | | | | |
| | 4/2/06 | I | 3 cans Jevity 1.5 & 1 can | AM | | | | | | | | | | | | | | |
| | | | Jevity 1.0 in AM c̄ FL H2O | X | | | | | | | | | | | | | | |
| | 4/2/06 | I | 3 cans Jevity 1.5 & 1 can | PM | | | | | | | | | | | | | | |
| | | | Jevity 1.0 in PM c̄ FL H2O | X | | | | | | | | | | | | | | |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | | INT. |
|---|---|---|---|---|---|---|---|
| | | | | (b)(3):10 USC §130b,(b)(6) | | | |

D-JTF 888-0- #693

BLOCK#

## MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-215-5681

### SINGLE ORDERS – PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

### PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC §130b,(b)(6) 4/1/06

VERIFIED/ DATE: (b)(3):10 USC §130b,(b) 4/3/06

MONTH/ YEAR: April 06

*****Any refused, not in stock, or other entry must be in red ink and signed by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

| RN INT | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | 3/24/06 | I | Mag Citrate 30cc v DNT c | AM | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | |
| | / | / | each feed | PM | | | | | | | | | | | | | | |
| | 3/29/06 | I | Hcons gtubs 1.5 BID, 10mg | AM | | | | | | | | | | | | | | |
| | / | / | cefdinir + 1L $H_2O$ BID | PM | | | | | | | | | | | | | | |
| | 4/1/06 | I | Bactroban to both nostrils | AM | | | | | | | | | | | | | | |
| | / | / | D tube feeds | PM | | | | | | | | | | | | | | |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | | INT. |
|---|---|---|---|---|---|---|---|
| | | | (b)(3):10 USC §130b,(b)(6) | | | | |

D-JTF 888-0- #693

BLOCK#

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-6681

## SINGLE ORDERS -- PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | TIME | INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | TIME | INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | | |

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INIT. | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INIT. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |

TRANSCRIBED/ DATE: PLPA

DATE

MC EN/ ME

*****Any refused, not in stock, or other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Must Notify Nurse)

| STOP DATE | SCHEDULED MEDICATION | TIME | 1/24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 2/1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1/11 | Klonopin 1 Daily TOKEN FED AM | AM | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | |
| | Mag Citrate 30cc ⅞ FED | PM | | | | | | | | | | | | | | |
| 1/19 | ⅞ Dual, ⅞ Boost ⊕, 500cc $H_2O$ | AM | | | | | | | | | | | | | | |
| | ⅞ Dual, ⅞ Boost ⊕, ⅞ Zenith C | PM | | | | | | | | | | | | | | |
| | 500cc Free $H_2O$ | | | | | | | | | | | | | | | |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

DATE (b)(3):10 USC §130b,(b)(6) DATE #

BLOCK#

693

GTMO JMG 1222

## PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN- | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
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| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

NKDA Transcribed 1/30 (b)(3):10 USC §130b,(b)(6) Verified _____ Month/Year Feb 02 / Mar 02

* = REFUSED

| | STOP DATE | SCHEDULED MEDICATION | TIME | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V/11/02 | | ii 2 col, i bid ⊕ 500cc | AM | | | | | | | | | | | | | | | |
| | | $H_2O$ | X | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| V/11/02 | | ii 2 col, i bid ⊕ ii puffs 500cc | PM | | | | | | | | | | | | | | | |
| V/19/02 | | Reglan 10mg ac feeds | AM | | | | | | | | | | | | | | | |
| | | | PM | | | | | | | | | | | | | | | |
| 2/17 | | Protonix 40mg P.O. daily | AM | | | | | | MAR RECOPIED 2/22/02 | | | | | | | | | |
| | | give 30min before feed & $H_2O$ | | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| 2/17 | | Normal Saline 5-10 gtts | AM | | | | | | | | | | | | | | | |
| | | Increase more with feeds | PM | | | | X | X | X | X | X | X | X | X | X | X | X | X |
| 2/20 | | Flonase ii puffs each | AM | | | | | | | | | | | | | | | |
| | | nare BID | PM | | | | | | | | | | | | | | | |
| 2/21 | | Claritin 10mg PO QD | AM | | | | | | | | | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

SICKCALL VISITS

INITIALS / PRINTED NAME

(b)(3):10 USC §130b,(b)(6)

693

BLOCK #

NKDA

DETAINEE PROFILE

NAVMED 6650/12 (3-80) S/N 0105-LF-206-5560 Revised 7/05

| DATE | MEDICATIONS | TIMES | DATE | LABORATORY/DIAGNOSTIC TESTS/EXAMINATIONS/ CONSULTATIONS | DATE SENT | √ |
|---|---|---|---|---|---|---|
| 12/25 | Protonix 40mg IV QD | | 12/25 | CBC, CHEM-7, AST, ALT, | ☒ | |
| 12/25 | Zosyn 3.375gm IV Q 6HRS | | | ALK PHOS, Total bilirubin, | ☒ | |
| 12/25 | BANANA BAG IV QD | | | AMYLASE, LIPASE, PT/PTT/INR | ☒ | |
| | | | 12/25 | TYPE & SCREEN OR TO PACU | HOLD | |
| | | | 12/25 | CBC IN AM (12/26/05) | ☒ | |
| | | | 12/26 | BMP, MG, PHOS, CA QD | | |
| | | | | 12/27 ☒, 12/28 ☒, 12/29 ☐, 12/30 ☐, 12/31 ☐ | | |
| | | | 12/26 | CBC, LFT'S IN AM (12/27) | ☒ | |

DETAINEE ISN

#693

NFDA

# DETAINEE PROFILE

NAVMED 6550/12 (5-80) S/N 0103-LF-206-5550 Revised 7.05

| ✓ | ACTIVITY | DATE | ✓ | BATH | DATE | DIET | DATE | ✓ | VITAL SIGNS | FREQ |
|---|---|---|---|---|---|---|---|---|---|---|
| | Bed rest | | | Bed Bath | | Regular | | ✓ | Temp | |
| | Bathroom Priv | | | Shower | | Special | 12/25 | ✓ | Pulse | 12/25 |
| | Up in Chair | | | Tub | | NPO | | ✓ | Resp | Q4 |
| | Ambulate | | | Assist | | | | ✓ | B/P | |
| | Commode | | | | | | | ✓ | Pulse Ox | |
| | Assist | | | | | | | | Other | |
| ✓ | ADLIB | 12/25 | | | | | | | | |
| | | | | ORAL HYGIENE | DATE | FLUIDS | | | FEEDING | DATE |
| | | | | Self | | Forced | | | Self | |
| | | | | Assist | | Restricted | | | Assist | |
| | Other | | | | | (T&O) | 12/25 | | Tube Feed | |

| DATE | TREATMENT/SPECIAL NOTES | TIMES | DATE | TREATMENT/SPECIAL NOTES | TIMES |
|---|---|---|---|---|---|
| 12/25 | ADMIT TO (b)(2) | | | IVF: | |
| 12/26 | DAILY WTS. | | | Rate: | |
| | | | | Gauge: Site: | |
| | | | 12/25 | LR 2L BOLUS OA DACU | |
| | | | 12/25 | CALL MD FOR: T>101°F, SBP 70-90; DBP>105; U/O <100 cc/hr | |

DETAINEE ISN

#693

| DIAGNOSIS | AGE | HEIGHT | WEIGHT |
|---|---|---|---|
| Abdominal pain R/O INTERNAL HERNIA | PATIENT CLASSIFICATION: STABLE | | |
| OP/SPECIAL PROCEDURES | | | |
| LANGUAGE | | | |

## MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-5681

### SINGLE ORDERS – PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

### PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | |
| | Watery eyes, itchy rash) | INIT. | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC §130b,(b)(6) 2/22/02

VERIFIED/ DATE:

MONTH/ YEAR: February 2002

*****Any refused, not[illegible] other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

| RN INT. | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 2/23 | 2/24 | 2/25 | 2/26 | 2/27 | 2/28 | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/6 | 3/7 | 3/8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | 2/20 | I | Flonase II puffs each | am | (b)(3):10 USC §130b,(b)(6) | | TRANSFERRED TO | | | | | | | | (b)(2) | | | |
| | | | nare BID | pm | | | | | | | | | | | | | | |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | |
|---|---|---|---|---|---|---|
| | | | | | | |

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- 693

BLOCK#

2 of 2

## MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-6581

### SINGLE ORDERS – PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

### PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC §130b,(b)( 2/22/06

VERIFIED/ DATE:

MONTH/ YEAR: FEB/MAR 2006

*****Any refused, not [illegible] other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

(b)(3):10 USC §130b,(b)(6)

| RN | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 2/23 | 2/24 | 2/25 | 2/26 | 2/27 | 2/28 | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/6 | 3/7 | 3/8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2/23 | I | ENTERAL FEED c̄ 3cans 2cal, | AM | | | | | | | | | | | | | | |
| | | | 1 CAN BOOST ⊕, JEVITY 1.0 | PM | | | | | | | | | | | | | | |
| | | | 1 CAN + 1890cc H2O BID | | | | | | | | | | | | | | | |
| | 2/10/06 | I | RECLAN 10mg c̄ FEEDS | AM | | | | | | | | | | | | | | |
| | | | | PM | | | | | | | | | | | | | | |
| | 2/10/06 | I | Magnesium Citrate 10ml | AM | | | | | | | | | | | | | | |
| | | | c̄ each enteral feeding | PM | | | | | | | | | | | | | | |
| | 2/17 | I | Protonix 40mg PO QD ONE | AM | | | | | | | | | | | | | | |
| | | | 30min before feed c̄ H2O | | | | | | | | | | | | | | | |
| | 2/19 | I | Normal Saline 5-10cc each | AM | | | | | | | | | | | | | | |
| | | | | PM | | | | | | | | | | | | | | |
| | 2/21 | I | Claritin 10mg PO QD | AM | | | | | | | | | | | | | | |

(b)(3): 10 USC §130b ,(b)(6)

TRANSFERRED TO (b)(2)

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- 693

BLOCK#

1 of 2

## MEDICATION ADMINISTRATION RECORD (BACK) S/N 0108-LF-216-5681

### SINGLE ORDERS – PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

### PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC 2/24/06

VERIFIED/ DATE: (b)(3):10 USC §130b,(b)(6)

MONTH/ YEAR: FEB/MAR 2006

*****Any refused, ~~not in stock~~, or other entry must be in red ink an[illegible] by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

(b)(3):10 USC §130b,(b)(6)

| RN INT | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 2/24 | 2/25 | 2/26 | 2/27 | 2/28 | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/6 | 3/7 | 3/8 | 3/9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2/24/06 | I | 3 cans Ensure + 1 can BOOST ~~BID~~ + 1 can | AM | | | | | | | | | | | | | | |
| | | | JEVITY 1.0 + 1890 cc $H_2O$ diluted ~~BID~~ BID | PM | | | | | | | | | | | | | | |
| | 2/24/06 | I | Reglan elixir 10mg ℄ each | AM | | | | | | | | | | | | | | |
| | | | enteral feeding | PM | | | | | | | | | | | | | | |
| | 2/24/06 | I | Magnesium citrate 10 ml ℄ | AM | | | | | | | | | | | | | | |
| | | | each enteral feeding | PM | | | | | | | | | | | | | | |
| | 2/24/06 | I | Claritin 10mg PO QD | AM | | | | | | | | | | | | | | |
| | 2/24/06 | I | Normal saline 5-10 cc's each | AM | | | | | | | | | | | | | | |
| | | | NASTRIL BID | PM | | | | | | | | | | | | | | |
| | 2/24/06 | I | Sudafed 60mg PO | 0800 | | | | | | | | | | | | | | |
| | | | TID x 3 DAYS | 1400 | | | | | | | | | | | | | | |
| | | | | 2000 | | | | | | | | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | | INT. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- 693

BLOCK#

1 of 2

## MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-LF-216-5581

### SINGLE ORDERS – PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

### PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC §130b,(b)(6) 2/24/06

VERIFIED/ DATE:

MONTH/ YEAR: FEB/MAR 2006

*****Any refused, not in stock, or other entry must be in red ink and verified by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

| RN INT. | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 2/24 | 2/25 | 2/26 | 2/27 | 2/28 | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/6 | 3/7 | 3/8 | 3/9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (b)(3):10 USC §130b,(b)(6) | 2/24 | | 3 CANS 2CAL + 1 CAN BOOST | | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | |
| | | | + Jerry 1.0 Can + 1890 | | | | | | | | | | | | | | | |
| | 2/24 | I | FLONASE 2 SPRAYS | AM | | | | | | | | | | | | | | |
| | | | EACH NOSTRIL BID | PM | | | | | | | | | | | | | | |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | | INT. |
|---|---|---|---|---|---|---|---|
| | | | | | | (b)(3):10 USC §130b,(b)(6) | |

D-JTF 888-0- 623

BLOCK#

2 of 2

NK 1?1

## PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN- | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT | | | | | | | | | | | | | | | |
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| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |
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| | | DATE | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | |

NK 1?

JTF-GTMO MEDICATION ADMINISTRATION RECORD

Transcribe (b)(3):10 USC 3/4/06 Verified (b)(3):10 USC §130b,(b)(6) Month/Year MAR 2006

* = REFUSED

(b)(3):10 USC §130b,(b)(6)

| | STOP DATE | SCHEDULED MEDICATION | TIME | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAR 06 | I | Zoms 20mg, 1 cap | AM | | | | | | | | | | | | | | | |
| | | boost HP, 1 can Jevity 8 oz | PM | | | | | | | | | | | | | | | |
| | | H2O BID | X | | | | | | | | | | | | | | | |
| MAR 06 | I | Decongestant tab BID p fado | AM | | | | | | | | | | | | | | | |
| | | / / / | PM | | | | | | | | | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

SICKCALL VISITS

INITIALS / PRINTED NAME

(b)(3):10 USC §130b,(b)(6)

#693

BLOCK #

NKDA

| MEDICATION ROUTE OF ADMINISTRATION | DATE | TIME | INIT. | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | | | |
|---|---|---|---|---|---|---|---|
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## PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
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| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
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| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
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| | | INIT. | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

UKDA

Transcribed (b)(3):10 USC 3/9/a Verified (b)(3):10 USC §130b,(b)(6) 3/9/a Month/Year Mar 06

* = REFUSED ** = NOT IN STOCK

| START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 a |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2/24/a | I | 3 cans 2cal + 1 can boost ⊕, 1 can | AM | | | | | | | | | | | | | | | |
| | | jevity 1.0 + 1890 cc $H_2O$ divided BID | PM | | | | | | | | | | | | | | | |
| 2/24/a | I | Reglan elixir 10mg each | AM | | | | | | | | | | | | | | | |
| | | enteral feed | PM | | | | | | | | | | | | | | | |
| 2/24/a | I | Magnesium Citrate 30cc VENT | AM | | | | | | | | | | | | | | | |
| | | each feed | PM | | | | | | | | | | | | | | | |
| 2/24/a | I | Claritin 10mg P.O. QD | AM | | | | | | | | | | | | | | | |
| 2/24/a | I | Normal Saline 5-10gtts each | AM | | | | | | | | | | | | | | | |
| | | nostril BID | PM | | | | | | | | | | | | | | | |
| 2/24/a | I | Flonase 2 sprays each | AM | | | | | | | | | | | | | | | |
| | | nostril BID | PM | | | | | | | | | | | | | | | |
| 3/12/a | I | 4 cans 2cal + 2 can Boost ⊕ | AM | | | | | | | | | | | | | | | |
| | | + 1 can jevity + 1 L $H_2O$ divided BID | PM | | | | | | | | | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

**SICKCALL VISITS**

INITIALS / PRINTED NAME

(b)(3):10 USC §130b,(b)(6)

693

**BLOCK #**

## MEDICATION ADMINISTRATION RECORD (BACK) S/N 0106-LF-213-6581

### SINGLE ORDERS – PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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| | | | | | | | |

### PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-*SEE MO ORDERS FIRST FOR CONTRAINDICATIONS* | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Tylenol** | DATE | | | | | | | | | | | | | | | | | |
| | 500mg or 650 mg | TIME | | | | | | | | | | | | | | | | | |
| | PO Q 4-6 hrs PRN | DOSE | | | | | | | | | | | | | | | | | |
| | (minor aches, pains ,HA) | INIT. | | | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | | |
| | 15-30 ML | TIME | | | | | | | | | | | | | | | | | |
| | PO Q 4HR PRN | DOSE | | | | | | | | | | | | | | | | | |
| | (heartburn, indigestion) | INIT. | | | | | | | | | | | | | | | | | |
| | **Benadryl** | DATE | | | | | | | | | | | | | | | | | |
| | 25-50 mg PO Q 6hr PRN | TIME | | | | | | | | | | | | | | | | | |
| | (rhinorrhea, sneezing, | DOSE | | | | | | | | | | | | | | | | | |
| | Watery eyes, Itchy rash) | INIT. | | | | | | | | | | | | | | | | | |
| | **Motrin** | DATE | | | | | | | | | | | | | | | | | |
| | 400-800 mg PO | TIME | | | | | | | | | | | | | | | | | |
| | TID PRN (moderate | DOSE | | | | | | | | | | | | | | | | | |
| | pain, headache) | INIT. | | | | | | | | | | | | | | | | | |
| | **Tinactin (tolnaftate)** | DATE | | | | | | | | | | | | | | | | | |
| | Topical cream AAA | TIME | | | | | | | | | | | | | | | | | |
| | BID x 2 weeks (Athletes | DOSE | | | | | | | | | | | | | | | | | |
| | Foot, jock itch) | INIT. | | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | | |
| | 30-60mg PO | TIME | | | | | | | | | | | | | | | | | |
| | QID PRN (nasal congestion) | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | | | | | | | | | | | | | | | | | |
| | 1 PO q 4-6 HR PRN | TIME | | | | | | | | | | | | | | | | | |
| | (sore throat) | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | **Analgesic Balm,** | DATE | | | | | | | | | | | | | | | | | |
| | AAA TID | TIME | | | | | | | | | | | | | | | | | |
| | for up to 3 days, then notify | DOSE | | | | | | | | | | | | | | | | | |
| | MO | INIT. | | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | | | | | | | | | | | | | | | | | |
| | as antacid 1-3 tsp with water | TIME | | | | | | | | | | | | | | | | | |
| | up to 4 x a day, as a laxative | DOSE | | | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | | |
| | | TIME | | | | | | | | | | | | | | | | | |
| | | DOSE | | | | | | | | | | | | | | | | | |
| | | INT. | | | | | | | | | | | | | | | | | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

ALLERGIES: NKDA

TRANSCRIBED/ DATE: (b)(3):10 USC 3/23/04

VERIFIED/ DATE: (b)(3):10 USC §130b,(b)(6) /2004

MONTH/ YEAR: Mar/Apr 04

*****Any refused, not [illegible] other entry must be in red i[illegible]ed by RN*****

MEDICATION LEGEND: 1 = REFUSED (Nurse Must Initial) 2= NOT IN STOCK (Must Notify Nurse) 3= OTHER (Document below any reason meds not given.) (Must Notify Nurse)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| RN INT. | START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 14 March | I | 2cans 2cal, 1can boost®, 1can | AM | | | | | | | | | | | | | | |
| | / | / | jevity ĩ 1 L $H_2O$ ĩ 10mg reglan BID | PM | | | | | | | | | | | | | | |
| | 2/24/04 | I | May Cotide 30cc & DNT ĩ | AM | | | | | | | | | | | | | | |
| | / | / | each feed / / | PM | | | | | | | | | | | | | | |
| | 2/24/04 | I | Flonase ĩĩ puffs each nostril | AM | | | | | | | | | | | | | | |
| | / | / | BID / / | PM | | | | | | | | | | | | | | |
| | 3/12/04 | I | Decconamine ĩ tab BID p. feeb | AM | | | | | | | | | | | | | | |
| | / | / | / / / | PM | | | | | | | | | | | | | | |
| | 2/24/04 | I | Nasal Spray Normal Saline | AM | | | | | | | | | | | | | | |
| | / | / | 5-10 gtts each nostril BID | PM | | | | | | | | | | | | | | |
| | 2/24/04 | I | 4 cans jevity 1.5 BID, 1 [illegible] | AM | | | | | | | | | | | | | | |
| | / | / | Reglan & 1 L $H_2O$ BID | PM | | | | | | | | | | | | | | |

## SICKCALL VISITS

SICKCALL LEGEND: S = SICKNESS I = INJURY X=SICKCALL OFFERED BUT DETAINEE DECLINED

Comments/Reason for medications not being passed. (i.e. #3- Block unsafe)

| DATE | # | | INT. | DATE | # | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(b)(3):10 USC §130b,(b)(6)

D-JTF 888-0- 693

BLOCK#

GTMO JMG 1240

1w
USNH GUANTANAMO BAY CUBA 26 Dec 2005@0733 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 25 Dec 05 - 26 Dec 05

Report requested by: (b)(3):10 USC
§130b (b)(6)

D,JTF000693 20/888-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

051226 CH 7481 Col: 26Dec05@0714 SERUM
Hcp: (b)(3):10 USC Req Loc: INTERNAL

| | | | | | |
|---|---|---|---|---|---|
| GLUCOSE . . . . . | 103 | | (74-106) | mg/dL | C:MAM26Dec05@0730 |
| BUN . . . . . | 10 | | (9-20) | mg/dL | |
| CREAT . . . . . | 0.5 | L | (0.8-1.5) | mg/dL | |
| NA+ . . . . . | 139 | | (137-145) | mmol/L | |
| K . . . . . | 4.2 | | (3.5-5.1) | mmol/L | |
| CL- . . . . . | 100 | | (98-107) | mmol/L | |
| CO2 . . . . . | 31.3 | H | (22.0-30.0) | mmol/L | |
| CA. . . . . | 7.6 | L* | (8.4-10.2) | mg/dL | C:MAM26Dec05@0732 |
| Result Comment: call to and repeated back by (b)(3):10 USC | | | | | ....mam |
| MG. . . . . | 1.90 | | (1.6-2.3) | mg/dL | C:MAM26Dec05@0730 |
| PHOSPHORUS. . . . | 2.30 | L | (2.5-4.5) | mg/dL | C:MAM26Dec05@0730 |
| TP. . . . . | 4.5 | L | (6.3-8.2) | g/dL | C:MAM26Dec05@0730 |
| ALBUMIN . . . . . | 2.0 | L | (3.5-5.0) | g/dL | |
| AST . . . . . | 167 | H | (17-59) | U/L | |
| ALT . . . . . | 256 | H | (21-72) | UL | |
| ALK PHOS. . . . | 177 | H | (38-126) | U/L | |
| TBILI . . . . . | 0.5 | | (0.2-1.3) | mg/dL | |
| BILI CONJ . . . . | 0.0 | | (0.0-0.3) | mg/dL | |

051226 HE 5244 Col: 26Dec05@0714 BLOOD
Hcp: (b)(3):10 USC Req Loc: INTERNAL

| | | | | | |
|---|---|---|---|---|---|
| WBC . . . . . | 5.1 | | (4.5-10.8) | x10(9)/L | C:MAM26Dec05@0720 |
| RBC . . . . . | 4.16 | L | (4.7-6.2) | x10(12)/L | |
| HEMOGLOBIN. . . . | 12.3 | L | (13.5-17.5) | g/dL | |
| HEMATOCRIT. . . . | 35.8 | L | (40-54) | % | |
| MCV . . . . . | 86.0 | | (80-94) | fl | |
| MCH . . . . . | 29.6 | | (26.0-34.0) | pg | |
| MCHC. . . . . | 34.4 | | (32-36) | G/DL | |
| RDW . . . . . | 10.9 | L | (11-15) | | |
| PLT CT. . . . . | 124 | L | (130-400) | x10(9)/L | |
| MPV . . . . . | 10.2 | H | (6-10) | | |
| NEUT% . . . . . | 55.00 | | (39-69) | % | |
| LYMPH%. . . . . | 31.10 | L | (37-63) | % | |
| MONO% . . . . . | 10.30 | | (0-13) | % | |
| EOS%. . . . . | 3.10 | | (0-5) | % | |
| BASO% . . . . . | 0.50 | | (0-2) | % | |
| NEUT# . . . . . | 2.79 | | (2.52-8.64) | x1000/uL | |
| LYMPH#. . . . . | 1.58 | | (.9-4.86) | x1000/uL | |
| MONO# . . . . . | 0.52 | | (0-1.08) | x1000uL | |
| EOS#. . . . . | 0.16 | | (0-.54) | x1000/uL | |
| BASO# . . . . . | 0.03 | | (0-.22) | x1000uL | |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Dec 05 - 24 Dec 05

Report requested by: (b)(3):10 USC

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D,JTF000693 20/888-00-0693 M/3 Req #:

Pn: Military Unit: UNKNOWN

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24 Dec 05 @ 0854 (Coll) BLOOD

NORMOCYTIC

NORMOCHROM. . . . . .

NORMOCHROMIC

22 Dec 05 @ 2132 (Coll) URINE

| | | | |
|---|---|---|---|
| ASAP COLOR . . . . . | YELLOW | | |
| APPEARANCE. . . . . | CLEAR | | |
| GLUCOSE-URINE . . . . | NEGATIVE | | (Neg.-Trace) |
| BILIRUBIN . . . . . | NEGATIVE | | (neg) |
| KETONES . . . . . | NEGATIVE | | (Neg) |
| SG. . . . . | PENDING | | |
| BLOOD-URINE . . . . . | NEGATIVE | | (Neg) |
| URINE pH. . . . . | 5.5 | | (5.0-8.0) |
| PROTEIN . . . . . | NEGATIVE | | (Neg-Trace) |
| UROBILINOGEN. . . . . | 0.2 E.U/DL | | (0.2) |
| NITRITE . . . . . | NEGATIVE | | (Neg) |
| LEUKOCYTE ESTER . . . | NEGATIVE | | (Neg) |

22 Dec 05 @ 1831 (Coll) SERUM

H PYLORI QL . . . . . POSITIVE

Interpretations:
NORMAL = NEGATIVE

22 Dec 05 @ 1828 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| ASAP AMYLASE . . . . . | <30 | | (30-110) | U/L |

Result Comment: amylase result <30 U/L, below analyzer assay range.....mam

| | | | | |
|---|---|---|---|---|
| LIPASE. . . . . | 70 | | (23-300) | U/L |
| ASAP PHOSPHORUS. . . . . | 2.00 | L | (2.5-4.5) | mg/dL |
| CK. . . . . | 162 | | (55-170) | U/L |
| GLUCOSE . . . . . | 110 | H | (74-106) | mg/dL |
| BUN . . . . . | 4 | L | (9-20) | mg/dL |
| CREAT . . . . . | 0.9 | | (0.8-1.5) | mg/dL |
| NA+ . . . . . | 143 | | (137-145) | mmol/L |
| K . . . . . | 3.4 | L | (3.5-5.1) | mmol/L |
| CL- . . . . . | 102 | | (98-107) | mmol/L |
| CO2 . . . . . | 26.3 | | (22.0-30.0) | mmol/L |
| CA. . . . . | 9.4 | | (8.4-10.2) | mg/dL |
| TP. . . . . | 7.5 | | (6.3-8.2) | g/dL |
| ALBUMIN . . . . . | 4.3 | | (3.5-5.0) | g/dL |
| AST . . . . . | 26 | | (17-59) | U/L |
| ALT . . . . . | 20 | L | (21-72) | UL |
| TBILI . . . . . | 1.1 | | (0.2-1.3) | mg/dL |

22 Dec 05 @ 1828 (Coll) PLASMA

| | | | | |
|---|---|---|---|---|
| ASAP PTT . . . . . | 29.6 | | (21.6-33.7) | SECS. |
| PROTIME . . . . . | 12.2 | | (10.43-12.30) | SEC. |
| INR . . . . . | 1.02 | L | (2.0-3.0) | |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
U=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

MEDICATION ADMINISTRATION RECORD (BACK) PRN 0 (DA-F-218-1981)

SINGLE ORDERS - PRE-OPERATIVE

| MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL | MEDICATION DOSAGE ROUTE OF ADMINISTRATION | GIVEN DATE | GIVEN TIME | GIVEN INITIAL |
|---|---|---|---|---|---|---|---|
| Blood glucose x 1 | 12/23 | 70 | (b)(3):10 | K-Phos 30mmol IV x 1 | 12/23 | 1450 | (b)(3):10 USC §130b,(b)(6) |
| | | | | Rocephin 1gram IV x 1 now | 12/24 | 1830 | |
| | | | | Motrin Elixir 30ml | 12/24 | 1950 | |

PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | | DOSES GIVEN- |
|---|---|---|---|
| 12/22 | Tylenol 650mg PO Q 6° PRN pain, HA | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| 12/22 | Mylanta 15-30cc PO Q4° PRN ind. or heartburn | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| 12/22 | Vicodin 5/500 tab PO Q4° PRN Pain | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| 12/22 | Glucose 50 grams IV if blood sugar <60 & pt lethargic or unresponsive | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| 12/24 | Motrin Elixir 30ml q6hr for Fever > 100.5 F | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| 12/25 | Tylenol c codine 15-60 Q4° PRN pain | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| | | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |
| | | DATE | |
| | | TIME | |
| | | DOSE | |
| | | INIT. | |

# JTF-GTMO MEDICATION ADMINISTRATION RECORD

Allergies NKDA

Transcribed (b)(3):10 USC §130b,(b)(6) Verified _____ Month/Year DEC/JAN

* = REFUSED ** = NOT IN STOCK

| START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12/22 | | Docusate 240mg PO Qday (colace) | 0800 | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | | |
| 12/23 | | Protonix 40mg IV QD | 1800 | | | | | | | | | | | | | | | |
| 12/23 | | Banana bag IV QD | 2000 | | | | | | | | | | | | | | | |
| 12/23 | 1 | wt q day | | | | | | | | | | | | | | | | |
| ~~12/23~~ | | ~~Weight every 3 days~~ daily | | | | | | | | | | | | | | | | |
| 12/24 | | Zosyn 3.375gm IVPB | 0001 | | | | | | | | | | | | | | | |
| | | q6hrs starting @ midnight | 0600 | | | | | | | | | | | | | | | |
| | | | 1200 | | | | | | | | | | | | | | | |
| | | | 1800 | | | | | | | | | | | | | | | |

**SICKCALL VISITS**

INITIALS / PRINTED NAME (b)(3):10 USC §130b,(b)(6)

D-JTF 00- 888-0-

**BLOCK #**

693

GEMS IT MAC1200 000000693, USNH GTMO CUBA

Male

HR 57 bpm

| Measurements | Results | |
|---|---|---|
| QRS | 86 | ms |
| QT/QTcB | 556 / 541 | ms |
| PR | | ms |
| P | | ms |
| RR/PP | 1574 / 150 | ms |
| P/QRS/T | / 61 / 26 | degrees |

Order Physician :

Technician :

Interpretation:

Atrial fibrillation with slow ventricular response with premature aberrantly conducted complexes

Possible Right ventricular hypertrophy

Prolonged QT

Abnormal ECG

Unconfirmed report.

Cart# 1 Site# 1

Jan.03.2004 08:28:20 PM 25mm/s 10mm/mV ADS 60Hz 0.08 - 150Hz 4x2.5R1 12 Lead US 21 M12. (2)

GTMO JMG 1245

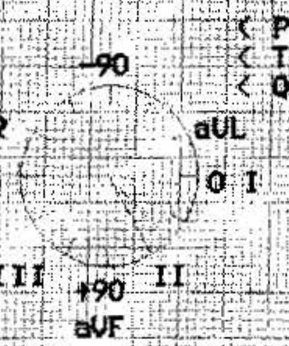
GEMS IT MAC1200 0000D0693, USNH GTMO CUBA
Male

HR 60bpm

Measurements Results:

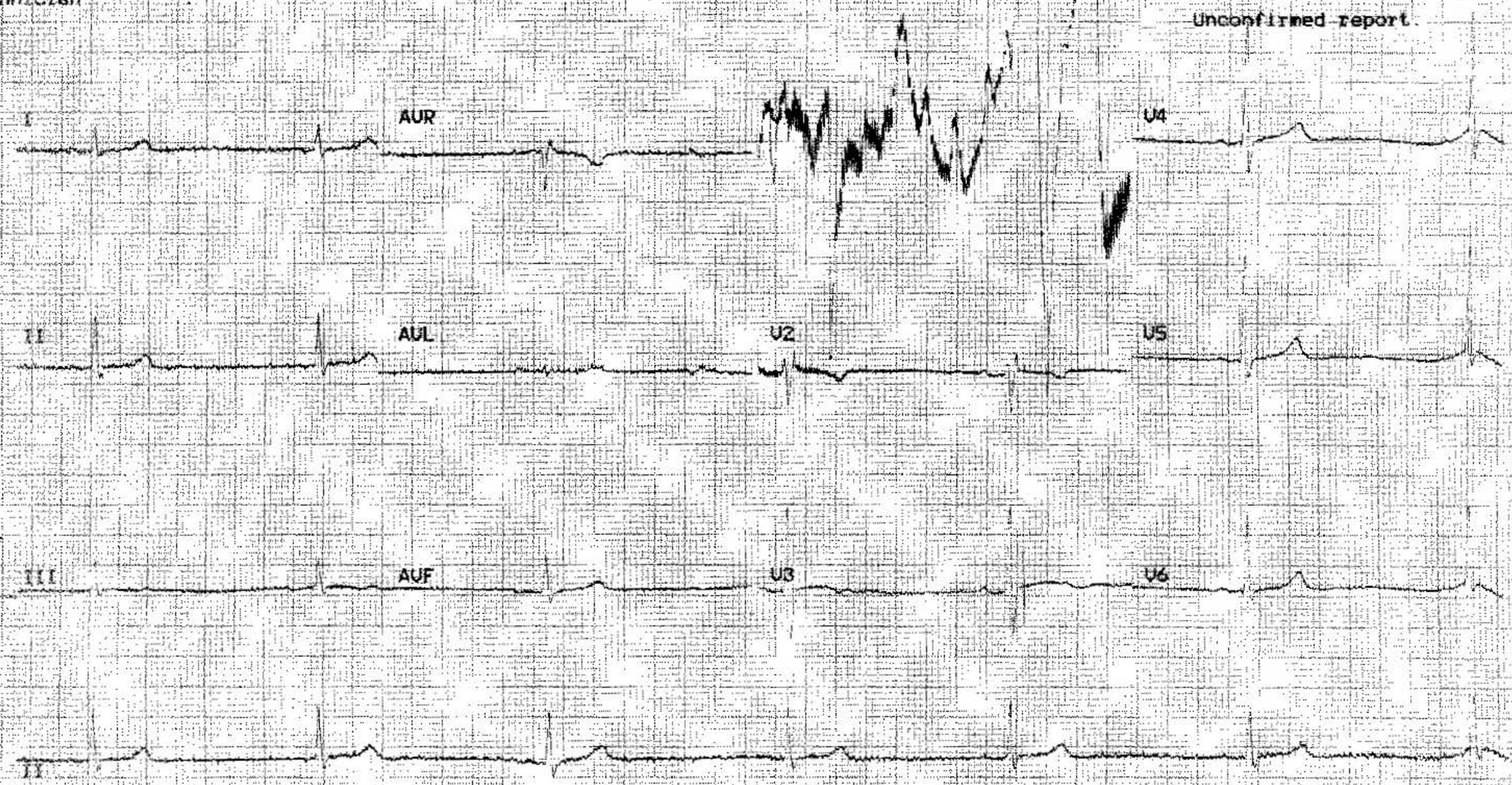
| | | |
|---|---|---|
| QRS | 94 ms | |
| QT/QTcB | 462 / 462 ms | |
| PR | 184 ms | |
| P | 50 ms | |
| RR/PP | 1104 / 465 ms | |
| P/QRS/T | 7/ 58/ 45 degrees | |

Order Physician :
Technician :




Interpretation:
*** Poor data quality, interpretation may be adversely affected
Sinus tachycardia with Possible Premature atrial complexes with aberrant conduction and Premature ventricular complexes or Fusion complexes with ventricular escape complexes
Right atrial enlargement
Incomplete right bundle branch block
Borderline ECG

Unconfirmed report.




Cart# 1 Site# 1
Jan.03.2004 08:28:20 PM 25mm/s 10mm/mV ADS 60Hz 0.08 - 150Hz 4x2.5R1 12 Lead V5.21 M121 (2) 1GTMO2JMG 1246

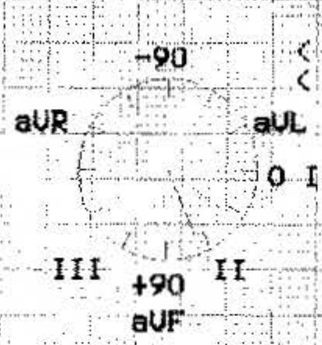
GEMS IT MAC1200 000000693, USNH GTMO CUBA
Male

HR 53bpm

Measurements Results:

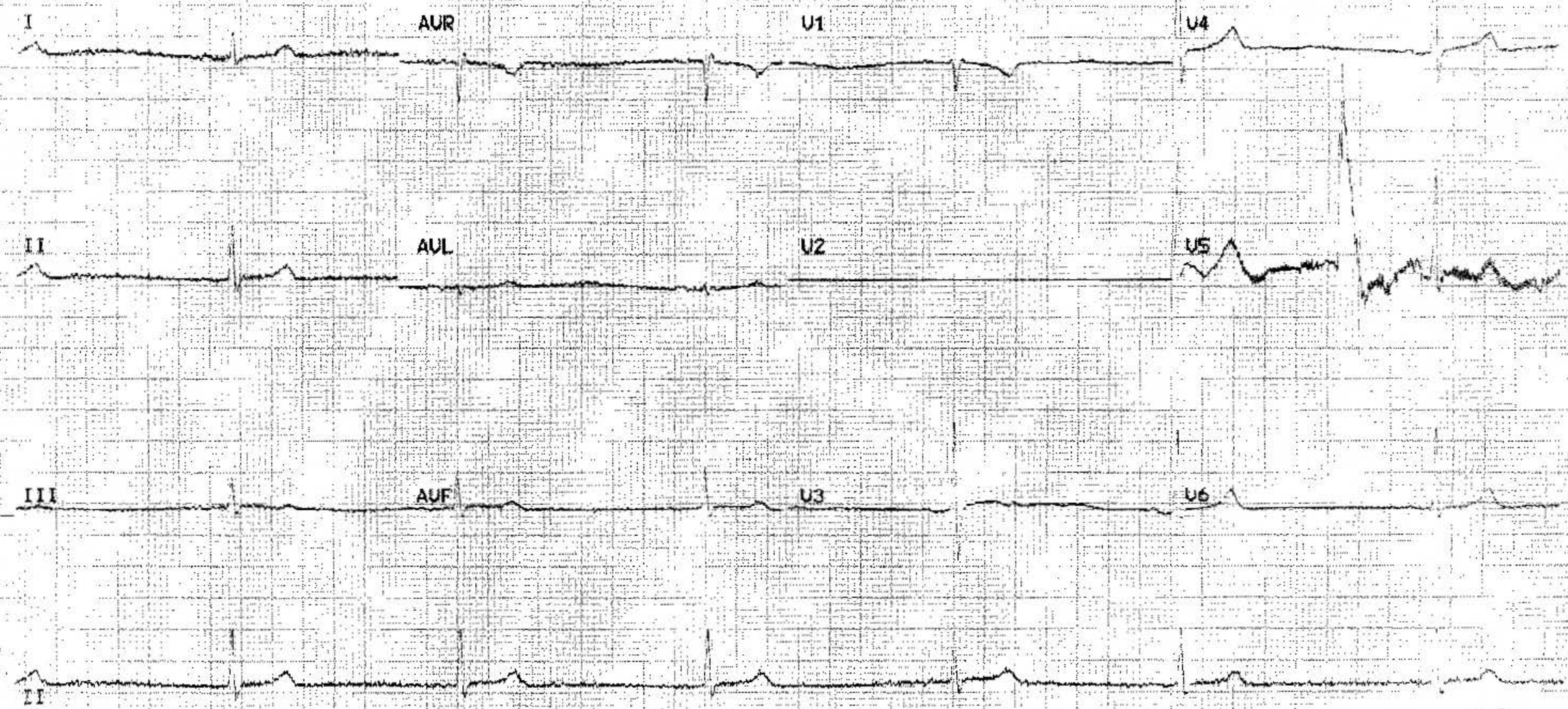
| | | | |
|---|---|---|---|
| QRS | | 90 | ms |
| QT/QTcB | 456 / | 427 | ms |
| PR | | | ms |
| P | | | ms |
| RR/PP | 1144 / | 680 | ms |
| P/QRS/T | / 66/ | 36 | degrees |

Order. Physician :
Technician :




Interpretation:
*** Poor data quality, interpretation may be adversely affected
Junctional rhythm with Premature supraventricular complexes with occasional Premature ventricular complexes and Fusion complexes
Abnormal ECG

Unconfirmed report.




Cart# 1 Site# 1
Jan.03.2004 08:28:20 PM 25mm/s 10mm/mV ADS 60Hz 0.08

GTMO JMC 1247

ISN # 673

GEMS IT MAC1200 , USNH GTMO CUBA

HR 46bpm

Measurement Results:

| | | |
|---|---|---|
| QRS | | 98 ms |
| QT/QTcB | 456 / | 399 ms |
| PR | | 168 ms |
| P | | 78 ms |
| RR/PP | 1186 / | 1300 ms |
| P/QRS/T | 38/ 69/ | 46 degrees |

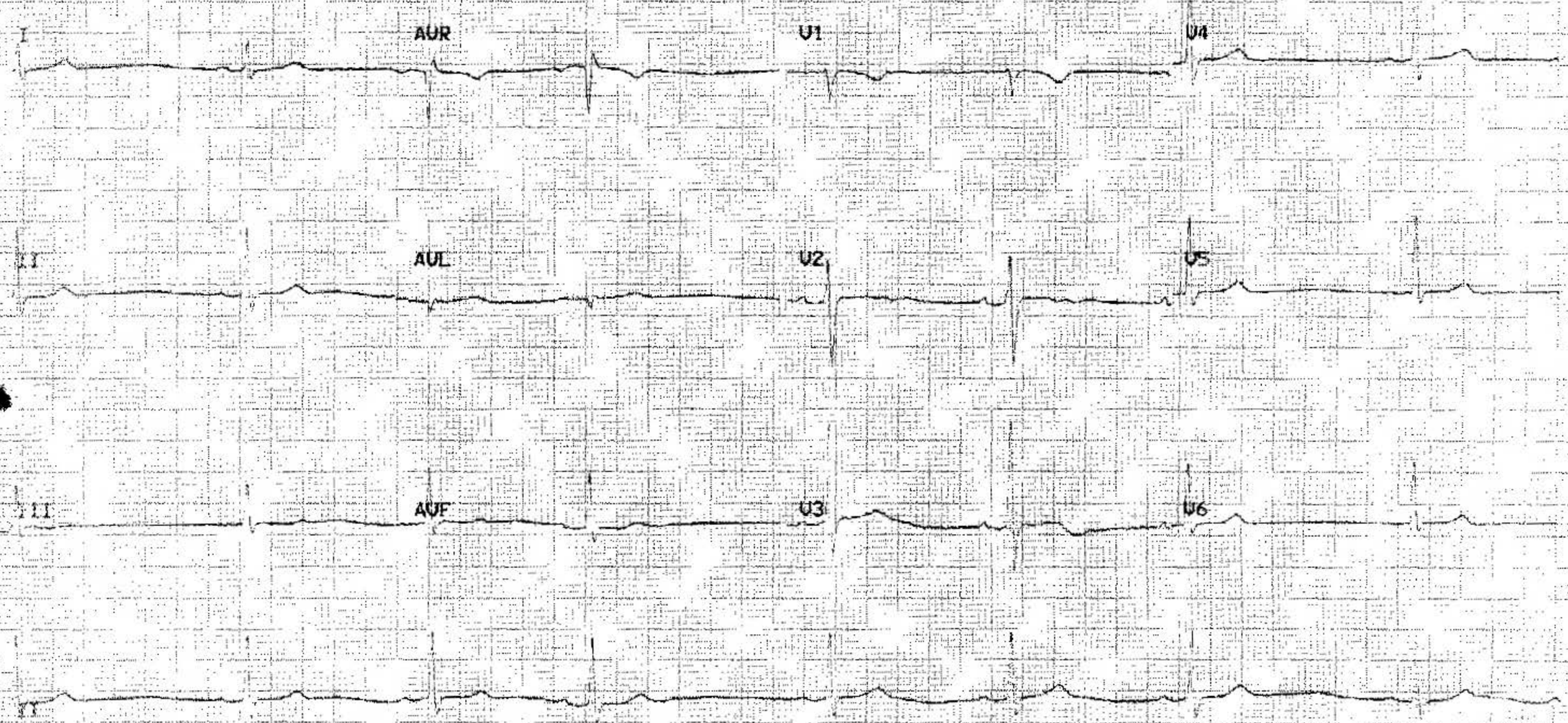
Order Physician
Technician

Interpretation:
Marked sinus bradycardia with sinus arrhythmia
Abnormal ECG

no acute changes compared w/ previous EKG of 25 Aug 05

(b)(3):10 USC §130b,(b)(6)

Unconfirmed report.




Cart# 1 Site# 1
Jan 03 2004 08:28:20 PM 25mm/s 10mm/mV ADS 60Hz 0.08 - 150Hz 4x2.5R1 12 Lead V5.21 M121 (2)

GTMO JMG 1248

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Dec 05 - 24 Dec 05

Report requested by: (b)(3):10 USC

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S,J1F000693 20/888-00-0693 M/3 Reg #:

Ph: Military Unit: UNKNOWN

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22 Dec 05 @ 1828 (Coll) PLASMA

Interpretations:

2.0 - 3.0 Treatment of venous thrombosis, pulmonary embolus, valvular heart disease.

3.0 - 4.5 Treatment of arterial thromboembolism, mechanical heart valves, recurrent systemic embolism

22 Dec 05 @ 1828 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| ASAP ESR | 2 | | (0-15) | mm/Hr |

Interpretations:

THE ESR test is used to evaluate the non-specific activity of infections, inflammatory states, and auct-immune disorders. It is used specifically to screen for and access clinical activity of rheumatic diseases. Ref: Jacobs; Demott; Laboratory Test Handbook, 5th edition 2001 pg 484-485.

| | | | | |
|---|---|---|---|---|
| WBC | 3.6 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.77 | | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 14.5 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 41.8 | | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 30.3 | | (26.0-34.0) | pg |
| MCHC | 34.6 | | (32-36) | G/DL |
| RDW | 11.0 | | (11-16) | |
| PLT CT | 202 | | (130-400) | x10(9)/L |
| MPV | 11.1 | H | (6-10) | |
| NEUT% | 15.30 | L | (39-69) | % |
| LYMPH% | 74.40 | H | (37-63) | % |
| MONO% | 8.40 | | (0-13) | % |
| EOS% | 0.90 | | (0-5) | % |
| BASO% | 1.00 | | (0-2) | % |
| NEUT# | .55 | L | (2.52-8.64) | x1000/uL |
| LYMPH# | 2.69 | | (.9-4.86) | x1000/uL |
| MONO# | 0.30 | | (0-1.08) | x1000uL |
| EOS# | 0.03 | | (0-.54) | x1000/uL |
| BASO# | 0.04 | | (0-.22) | x1000uL |
| NEUT/100 WBC | 23 | L | (51-67) | % |
| LYMPH/100 WBC | 72 | H | (21-35) | % |
| MONO/100 WBC | 4 | | (4-8) | % |
| EOS/100 WBC | 0 | L | (1-4) | % |
| BASO/100 WBC | 1 | | (0-2) | % |
| PLT EST | ADEQUATE 140,000-440,000/mm3 | | | |
| DIFF/TECH/COMM | rhn | | | |
| NORMOCYTIC | NORMOCYTIC | | | |
| NORMOCHROM | NORMOCHROMIC | | | |

---

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

(I=Uncert /A=Amended Comments- (O)rder, (I)nterpretations, (R)esult

D0693 ID: j0693 27-Dec-2005 8:08:38

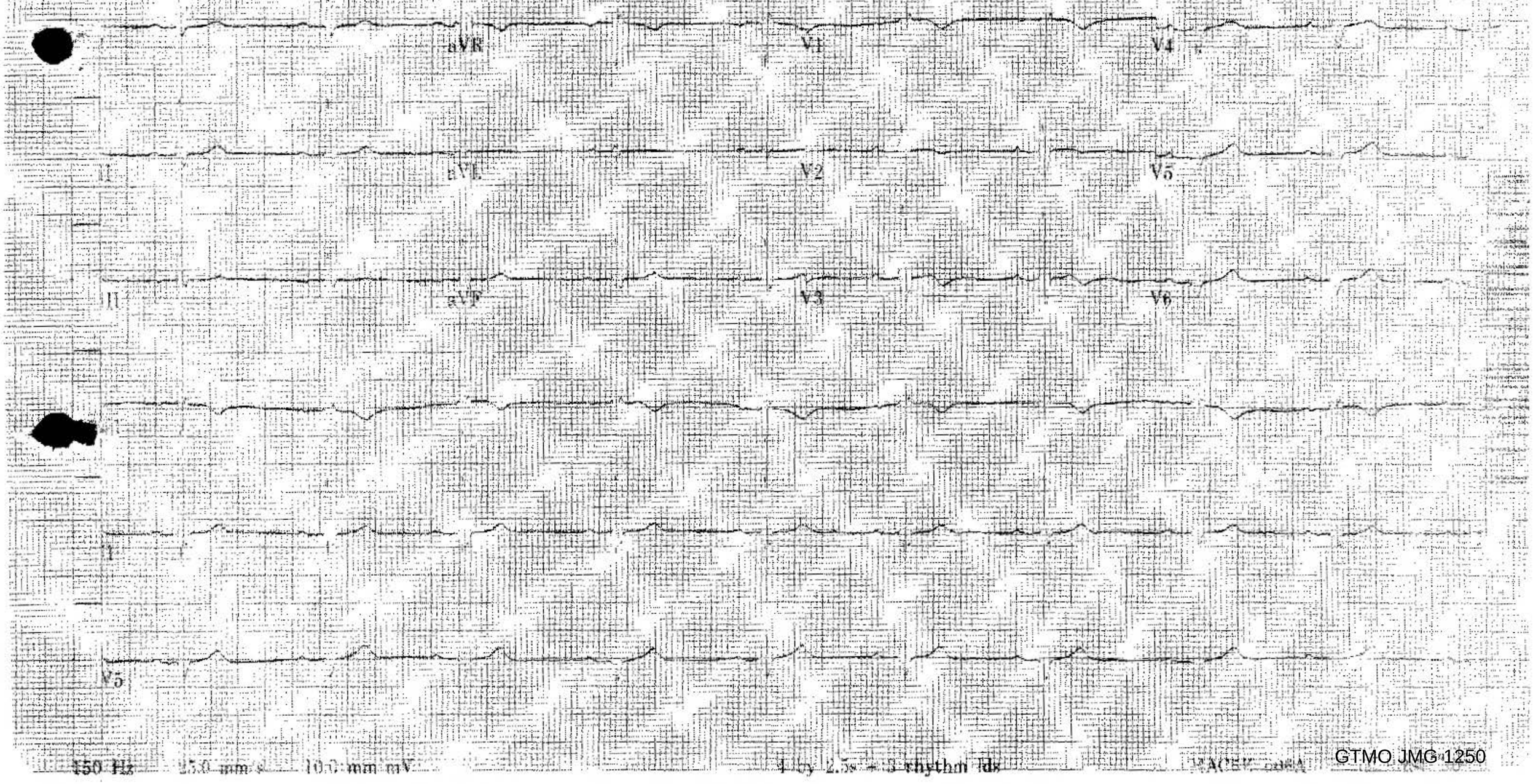
Male Caucasian

| | | |
|---|---|---|
| Vent. rate | 58 | bpm |
| PR interval | 180 | ms |
| QRS duration | 98 | ms |
| QT QTc | 410-402 | ms |
| P-R-T axes | 14 61 57 | |

Sinus bradycardia
Incomplete right bundle branch block
Nonspecific T wave abnormality
Abnormal ECG

Technician: d
Test ind.

Referred by: Unconfirmed




150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 3 rhythm ldx 12ACB1V 50Hz A

GTMO JMG 1250

MEDICATION ADMINISTRATION RECORD (BACK) S/N 0105-LF-216-6581 (HUNGER STRIKE)

PRN AND VARIABLE DOSE MEDICATIONS

| ORDER DATE | MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY | DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Tylenol | DATE | 1/3 | 1/5 | | | | | | | | | | | | | | |
| | 650 mg PO/NGT Q 6 hrs | TIME | 0700 | 2030 | | | | | | | | | | | | | | |
| | PRN pain, headache | DOSE | 1440 | 650 | | | | | | | | | | | | | | |
| | | INIT. | (b)(3): | | | | | | | | | | | | | | | |
| | **Mylanta** | DATE | | | | | | | | | | | | | | | | |
| | 15-30 ml PO/NGT Q 4 hr | TIME | | | | | | | | | | | | | | | | |
| | PRN indigestion, heartburn | DOSE | | | | | | | | | | | | | | | | |
| | | INIT. | | | | | | | | | | | | | | | | |
| | **Benadryl 25-50 mg** | DATE | | | | | | | | | | | | | | | | |
| | PO/NGT Q 6 hrs PRN itchy | TIME | | | | | | | | | | | | | | | | |
| | rash, rhinorrhea, post-nasal | DOSE | | | | | | | | | | | | | | | | |
| | drip, watery eyes, sneezing | INIT. | | | | | | | | | | | | | | | | |
| | **Afrin Nasal Spray** | DATE | | | | | | | | | | | | | | | | |
| | 2 puffs in nares TID | TIME | | | | | | | | | | | | | | | | |
| | PRN nasal congestion, | DOSE | | | | | | | | | | | | | | | | |
| | limited to 3 days use | INIT. | | | | | | | | | | | | | | | | |
| | **Kaopectate** | DATE | | | | | | | | | | | | | | | | |
| | 30 cc PO/NGT after each | TIME | | | | | | | | | | | | | | | | |
| | watery bowel movement | DOSE | | | | | | | | | | | | | | | | |
| | (diarrhea)up to 6 times/day | INIT. | | | | | | | | | | | | | | | | |
| | **Sudafed** | DATE | | | | | | | | | | | | | | | | |
| | 30-60mg PO/NGT QID | TIME | | | | | | | | | | | | | | | | |
| | PRN post-nasal drip | DOSE | | | | | | | | | | | | | | | | |
| | or congestion | INIT. | | | | | | | | | | | | | | | | |
| | **Cepacol Lozenges** | DATE | 1/3 | | | | | | | | | | | | | | | |
| | 1 PO hourly PRN sore | TIME | 0930 | | | | | | | | | | | | | | | |
| | throat (give up to 3 in cup at | DOSE | | | | | | | | | | | | | | | | |
| | at a time, without wrapper) | INIT. | (b)(3):1 | | | | | | | | | | | | | | | |
| | **Ambien** | DATE | | | | | | | | | | | | | | | | |
| | 5-10 mg PO/NGT | TIME | | | | | | | | | | | | | | | | |
| | Q Hours of Sleep PRN | DOSE | | | | | | | | | | | | | | | | |
| | Insomnia | INIT. | | | | | | | | | | | | | | | | |
| | **Milk of Magnesia** | DATE | 12/21 | | | | | | | | | | | | | | | |
| | 2-4 tsp with 8 oz water | TIME | 2052 | | | | | | | | | | | | | | | |
| | PO/NGT PRN constipation | DOSE | 5750 | | | | | | | | | | | | | | | |
| | Q 4 hrs. Max 4 X per day | INIT. | (b)( | | | | | | | | | | | | | | | |
| | **Magnesium Citrate** | DATE | | | | | | | | | | | | | | | | |
| | ½ bottle PO/NGT PRN | TIME | | | | | | | | | | | | | | | | |
| | constipation, repeat in 3 hrs | DOSE | | | | | | | | | | | | | | | | |
| | if no relief. Max 1 bottle daily | INIT. | | | | | | | | | | | | | | | | |
| | **Phenergan** | DATE | | | | | | | | | | | | | | | | |
| | 12.5 - 25mg PO/PR/NGT/IM | TIME | | | | | | | | | | | | | | | | |
| | or IV Q 4-6 hours PRN | DOSE | | | | | | | | | | | | | | | | |
| | nausea | INIT. | | | | | | | | | | | | | | | | |
| | **2% Viscous Lidocaine 15ml** | DATE | | | | | | | | | | | | | | | | |
| | **OR Hurricaine Spray** | DOSE | | | | | | | | | | | | | | | | |
| | **⅓ sec** Q 3 hr applied to | DRUG | | | | | | | | | | | | | | | | |
| | back of throat PRN NGT | TIME | | | | | | | | | | | | | | | | |
| | discomfort (Not both in 3 hr) | INIT. | | | | | | | | | | | | | | | | |
| | **Motrin (ibuprofen) 600 mg** | DATE | | | | | | | | | | | | | | | | |
| | PO/NGT TID PRN pain | TIME | | | | | | | | | | | | | | | | |
| | (PEG) nutrition is being | DOSE | | | | | | | | | | | | | | | | |
| | tolerated at >20 cc/hr or more | INIT. | | | | | | | | | | | | | | | | |
| | **Reglan** | DATE | | | | | | | | | | | | | | | | |
| | 10 mg PO/NGT Q 3 hours | TIME | | | | | | | | | | | | | | | | |
| | times 3 doses if nauseated or | DOSE | | | | | | | | | | | | | | | | |
| | bloated after tube insertion | INIT. | | | | | | | | | | | | | | | | |

# JTF-GTMO DETENTION HOSPITAL MEDICATION ADMINISTRATION RECORD

Allergies NKDA Transcribed (b)(3):10 USC §130b,(b)(6) Verified _____ Month/Year DEC/2005

ANY START DATE ENTRIES MUST BE IN RED INK AND VERIFIED BY RN * = REFUSED ** = NOT IN STOCK *** = NOT GIVEN

| START DATE | STOP DATE | SCHEDULED MEDICATION | TIME | 28 | 29 | 30 | 31 | Jan 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 12/28 | 1 | Ensure 3 cans TID | 0800 | (b)(3):10 USC §130b,(b)(6) | | | | | | | | | | | | | |
| | | | 1600 | | | | | | | | | | | | | | |
| | | | 2400 | | | | | | | | | | | | | | |
| 12/28 | 1 | Neutra-Phos 2 packets | ~~0800~~ 0800 | | | | | | | | | | | | | | |
| | | TID c̄ meals | ~~1600~~ 1600 | | | | | | | | | | | | | | |
| | | 4800 | ~~2400~~ 2400 | | | | | | | | | | | | | | |
| 12/28 | 1 | Mag Oxide PO 2 tabs qd | 0800 | | | | | | | | | | | | | | |
| 12/28 | | WEIGHT Q DAY | 0700 | | | | | | | | | | | | | | |
| 12/29 | | Protonix 40mg P.O. Q-day | 0800 | | | | | | | | | | | | | | |
| 12/30 | | Zoloft 50mg PO Q-day | 2000 | | | | | | | | | | | | | | |
| 12/30 | | Mag Citrate 300cc mix | 1400 ~~0800~~ | | | | | | | | | | | | | | |
| | | Reglan 10mg in am feed | | | | | | | | | | | | | | | |
| 1/3 | | 1-Zcal, 2 ensure | 0600 | | | | | | | | | | | | | | |
| | | | 1400 | | | | | | | | | | | | | | |
| 1/3 | | 2 ensure | 1800 ~~2200~~ | | | | | | | | | | | | | | |

(b)(3):10 USC §130b,(b)(6)

693

[1w
USNH GUANTANAMO BAY CUBA 01 Feb 200600839 Page 7
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
Wed: 22 Jan 06 - 01 Feb 06
Report requested by: (b)(3):10 USC

D,JTF000693 20/888-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

31 Jan 06 @ 1459 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 107 | H | (74-106) | mg/dL |
| BUN | 13 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 145 | | (137-145) | mmol/L |
| K | 4.5 | | (3.5-5.1) | mmol/L |
| CL- | 100 | | (98-107) | mmol/L |
| CO2 | 28.3 | | (22.0-30.0) | mmol/L |
| CA. | 9.6 | | (8.4-10.2) | mg/dL |
| MG. | 2.30 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS. | 3.90 | | (2.5-4.5) | mg/dL |
| TP. | 8.7 | H | (6.3-8.2) | g/dL |
| ALBUMIN | 5.1 | H | (3.5-5.0) | g/dL |
| AST | 28 | | (17-59) | U/L |
| ALT | 38 | | (21-72) | UL |
| ALK PHOS. | 76 | | (38-126) | U/L |
| TBILI | 0.5 | | (0.2-1.3) | mg/dL |
| BILI CONJ | 0.0 | | (0.0-0.3) | mg/dL |

23 Jan 06 @ 2222 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 76 | | (74-106) | mg/dL |
| BUN | 16 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 143 | | (137-145) | mmol/L |
| K | 4.2 | | (3.5-5.1) | mmol/L |
| CL- | 99 | | (98-107) | mmol/L |
| CO2 | 28.0 | | (22.0-30.0) | mmol/L |
| CA. | 9.4 | | (8.4-10.2) | mg/dL |
| MG. | 2.10 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS. | 3.70 | | (2.5-4.5) | mg/dL |
| ALBUMIN | 4.6 | | (3.5-5.0) | g/dL |

23 Jan 06 @ 2222 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| TSH | 0.52 | | (.34-4.82) | mIU/L |

23 Jan 06 @ 2222 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| WBC | 5.3 | | (4.5-10.8) | x10(9)/L |
| RBC | 4.45 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN. | 13.5 | | (13.5-17.5) | g/dL |
| HEMATOCRIT. | 38.8 | L | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 30.3 | | (26.0-34.0) | pg |
| MCHC. | 34.8 | | (32-36) | G/DL |
| RDW | 12.2 | | (11-16) | |
| PLT CT. | 258 | | (130-400) | x10(9)/L |
| MPV | 11.5 | H | (6-10) | |
| NEUT% | 43.40 | | (39-69) | % |
| LYMPH%. | 42.60 | | (37-63) | % |
| MONO% | 9.00 | | (0-13) | % |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

Reviewed

3/1/06

(b)(3):10 USC §130b (b)(

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

From 22 Jan 06 - 01 Feb 06

Report requested by: (b)(3):10 USC §130b (b)(6)

B,JTE000693 20/888-00-0693 M/3 Reg #:

Ph: Military Unit: UNKNOWN

23 Jan 06 @ 2222 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| EOS%. . . . . | 4.30 | | (0-5) | % |
| BASO% . . . . . | 0.50 | | (0-2) | % |
| NEUT# . . . . . | 2.28 | L | (2.52-8.64) | x1000/uL |
| LYMPH#. . . . . | 2.25 | | (.9-4.86) | x1000/uL |
| MONO# . . . . . | 0.47 | | (0-1.08) | x1000uL |
| EOS#. . . . . | 0.23 | | (0-.54) | x1000/uL |
| BASO# . . . . . | 0.03 | | (0-.22) | x1000uL |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

2/1/06 Reviewed

(b)(3):10 USC §130b (b)(6)

****End of report****|w

[1w
USNH GUANTANAMO BAY CUBA 18 Jan 2006 1020 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 23 Jan 05 - 18 Jan 06
Report requested by: (b)(3):10

D,JTF000693 20/888-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

17 Jan 06 @ 1130 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 104 | | (74-106) | mg/dL |
| BUN | 16 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 142 | | (137-145) | mmol/L |
| K | 4.2 | | (3.5-5.1) | mmol/L |
| CL- | 98 | | (98-107) | mmol/L |
| CO2 | 26.8 | | (22.0-30.0) | mmol/L |
| CA | 9.5 | | (8.4-10.2) | mg/dL |
| MG | 2.20 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 4.20 | | (2.5-4.5) | mg/dL |

17 Jan 06 @ 1130 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| WBC | 4.8 | | (4.5-10.8) | x10(9)/L |
| RBC | 4.65 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.8 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 40.3 | | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 29.8 | | (26.0-34.0) | pg |
| MCHC | 34.4 | | (32-36) | G/DL |
| RDW | 11.7 | | (11-16) | |
| PLT CT | 287 | | (130-400) | x10(9)/L |
| MPV | 11.8 | H | (6-10) | |
| NEUT% | 40.20 | | (39-69) | % |
| LYMPH% | 47.50 | | (37-63) | % |
| MONO% | 7.80 | | (0-13) | % |
| EOS% | 3.90 | | (0-5) | % |
| BASO% | 0.60 | | (0-2) | % |
| NEUT# | 1.92 | L | (2.52-8.64) | x1000/uL |
| LYMPH# | 2.27 | | (.9-4.86) | x1000/uL |
| MONO# | 0.37 | | (0-1.08) | x1000uL |
| EOS# | 0.19 | | (0-.54) | x1000/uL |
| BASO# | 0.03 | | (0-.22) | x1000uL |

13 Jan 06 @ 1158 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| ALBUMIN | 4.8 | | (3.5-5.0) | g/dL |

13 Jan 06 @ 1156 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| TSH | 1.10 | | (.34-4.82) | mIU/L |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

[1w
USNH GUANTANAMO BAY CUBA 16 Jan 2006@0813 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 21 Jan 05 - 16 Jan 06
Report requested by: (b)(3):10

D,JTF000693 20/888-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

13 Jan 06 @ 1158 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| ALBUMIN | 4.8 | | (3.5-5.0) | g/dL |

13 Jan 06 @ 1156 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| TSH | 1.10 | | (.34-4.82) | mIU/L |

12 Jan 06 @ 1002 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 94 | | (74-106) | mg/dL |
| BUN | 12 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 144 | | (137-145) | mmol/L |
| K | 4.2 | | (3.5-5.1) | mmol/L |
| CL- | 102 | | (98-107) | mmol/L |
| CO2 | 26.3 | | (22.0-30.0) | mmol/L |
| CA. | 9.5 | | (8.4-10.2) | mg/dL |
| MG. | 2.00 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS. | 3.50 | | (2.5-4.5) | mg/dL |

12 Jan 06 @ 1002 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| WBC | 2.9 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.69 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN. | 13.6 | | (13.5-17.5) | g/dL |
| HEMATOCRIT. | 40.7 | | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 29.1 | | (26.0-34.0) | pg |
| MCHC. | 33.5 | | (32-36) | G/DL |
| RDW | 11.5 | | (11-16) | |
| PLT CT. | 302 | | (130-400) | x10(9)/L |
| MPV | 10.8 | H | (6-10) | |
| NEUT% | 45.60 | | (39-69) | % |
| LYMPH%. | 45.90 | | (37-63) | % |
| MONO% | 5.80 | | (0-13) | % |
| EOS%. | 2.00 | | (0-5) | % |
| BASO% | 0.70 | | (0-2) | % |
| NEUT# | 1.34 | L | (2.52-8.64) | x1000/uL |
| LYMPH#. | 1.35 | | (.9-4.86) | x1000/uL |
| MONO# | 0.17 | | (0-1.08) | x1000uL |
| EOS#. | 0.06 | | (0-.54) | x1000/uL |
| BASO# | 0.02 | | (0-.22) | x1000uL |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

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USNH GUANTANAMO BAY CUBA 13 Jan 2006@0847 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 18 Jan 05 - 13 Jan 06
Report requested by: (b)(3):10

D,JTF000693 20/898-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

12 Jan 06 @ 1002 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 94 | | (74-106) | mg/dL |
| BUN | 12 | | (9-20) | mg/dL |
| CREAT | 0.7 | L | (0.8-1.5) | mg/dL |
| NA+ | 144 | | (137-145) | mmol/L |
| K | 4.2 | | (3.5-5.1) | mmol/L |
| CL- | 102 | | (98-107) | mmol/L |
| CO2 | 26.3 | | (22.0-30.0) | mmol/L |
| CA. | 9.5 | | (8.4-10.2) | mg/dL |
| MG. | 2.00 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS. | 3.50 | | (2.5-4.5) | mg/dL |

12 Jan 06 @ 1002 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| WBC | 2.9 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.69 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN. | 13.6 | | (13.5-17.5) | g/dL |
| HEMATOCRIT. | 40.7 | | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 29.1 | | (26.0-34.0) | pg |
| MCHC. | 33.5 | | (32-36) | G/DL |
| RDW | 11.5 | | (11-16) | |
| PLT CT. | 302 | | (130-400) | x10(3)/L |
| MPV | 10.8 | H | (6-10) | |
| NEUT% | 45.60 | | (39-69) | % |
| LYMPH%. | 45.90 | | (37-63) | % |
| MONO% | 5.80 | | (0-13) | % |
| EOS%. | 2.00 | | (0-5) | % |
| BASO% | 0.70 | | (0-2) | % |
| NEUT# | 1.34 | L | (2.52-8.64) | x1000/uL |
| LYMPH#. | 1.35 | | (.9-4.86) | x1000/uL |
| MONO# | 0.17 | | (0-1.08) | x1000uL |
| EOS#. | 0.06 | | (0-.54) | x1000/uL |
| BASO# | 0.02 | | (0-.22) | x1000uL |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments: (O)rder, (I)nterpretations, (R)esult

GTMO JMG 1259

lw
USNH GUANTANAMO BAY CUBA 25 Dec 2005@2238 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 24 Dec 05 - 25 Dec 05
Report requested by: (b)(3):10 USC

D,JTF000693 20/888-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

051225 CH 7467 Col: 25Dec05@2021 SERUM
Rcp: (b)(3):10 USC Req Loc: INTERNAL

| | | | | | |
|---|---|---|---|---|---|
| GLUCOSE | 74 | | (74-106) | mg/dL | C:MAM25Dec05@2046 |
| BUN | 6 | L | (9-20) | mg/dL | |
| CREAT | 1.1 | | (0.8-1.5) | mg/dL | |
| NA+ | 145 | | (137-145) | mmol/L | |
| K | 3.9 | | (3.5-5.1) | mmol/L | |
| CL- | 103 | | (98-107) | mmol/L | |
| CO2 | 26.1 | | (22.0-30.0) | mmol/L | |
| CA | 9.1 | | (8.4-10.2) | mg/dL | |
| AMYLASE | 43 | | (30-110) | U/L | C:MAM25Dec05@2046 |
| LIPASE | 128 | | (23-300) | U/L | C:MAM25Dec05@2046 |
| TP | 7.3 | | (6.3-8.2) | g/dL | C:MAM25Dec05@2046 |
| ALBUMIN | 4.0 | | (3.5-5.0) | g/dL | |
| AST | 19 | | (17-59) | U/L | |
| ALT | 24 | | (21-72) | UL | |
| ALK PHOS | 65 | | (38-126) | U/L | |
| TBILI | 1.1 | | (0.2-1.3) | mg/dL | |
| BILI CONJ | 0.0 | | (0.0-0.3) | mg/dL | |

051225 CG 913 Col: 25Dec05@2021 PLASMA
(b)(3):10 USC Req Loc: INTERNAL

Cancel comment: CANCELLED DUE TO DUPLICATION

| | | | | | |
|---|---|---|---|---|---|
| PROTIME | DUPLICATE | | | | |
| PTT | 31.7 | | (21.6-33.7) | SECS. | C:MAM25Dec05@2058 |
| PROTIME | 14.0 | H | (10.43-12.30) | SEC. | C:MAM25Dec05@2058 |
| INR | 1.32 | L | (2.0-3.0) | | |

Interpretations:
2.0 - 3.0 Treatment of venous thrombosis, pulmonary embolus, valvular heart disease.

3.0 - 4.5 Treatment of arterial thromboembolism, mechanical heart valves, recurrent systemic embolism

051225 HE 5237 Col: 25Dec05@2021 BLOOD
(b)(3):10 USC Req Loc: INTERNAL

| | | | | | |
|---|---|---|---|---|---|
| WBC | 6.4 | | (4.5-10.8) | x10(9)/L | C:MAM25Dec05@2034 |
| RBC | 4.68 | L | (4.7-6.2) | x10(12)/L | |
| HEMOGLOBIN | 14.1 | | (13.5-17.5) | g/dL | |
| HEMATOCRIT | 40.8 | | (40-54) | % | |
| MCV | 87.0 | | (80-94) | fl | |
| MCH | 30.0 | | (26.0-34.0) | pg | |
| MCHC | 34.4 | | (32-36) | G/DL | |
| RDW | 10.4 | L | (11-16) | | |
| PLT CT | 154 | | (130-400) | x10(9)/L | |
| MPV | 10.2 | H | (6-10) | | |
| NEUT% | 60.90 | | (39-69) | % | |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 24 Dec 05 - 25 Dec 05

Report requested by: (b)(3):10 USC

D,JTF000693 20/888-00-0693 M/3 Reg #:

Ph: Military Unit: UNKNOWN

051225 HE 5237 Col: 25Dec05@2021 BLOOD

(b)(3):10 USC Req Loc: INTERNAL

| | | | | |
|---|---|---|---|---|
| LYMPH%. . . . . | 27.30 | L | (37-63) | % |
| MONO% . . . . . | 8.50 | | (0-13) | % |
| EOS%. . . . . | 2.50 | | (0-5) | % |
| BASO% . . . . . | 0.80 | | (0-2) | % |
| NEUT# . . . . . | 3.89 | | (2.52-8.64) | x1000/uL |
| LYMPH#. . . . . | 1.75 | | (.9-4.86) | x1000/uL |
| MONO# . . . . . | 0.54 | | (0-1.08) | x1000uL |
| EOS#. . . . . | 0.16 | | (0-.54) | x1000/uL |
| BASO# . . . . . | 0.05 | | (0-.22) | x1000uL |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

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{1w
USNH GUANTANAMO BAY CUBA                                    23 Dec 2006 1144     Page 1
                Personal Data - Privacy Act of 1974 (PL 93-579)
                                PATIENT LAB INQUIRY
                              For: 30 Dec 04 - 25 Dec 05
Report requested by: (b)(3):10 USC
-----------------------------------------------------------------------------------
D,JTF000693                     20/888-00-0693      M/3            Req #:
Ph:                                                     Military Unit: UNKNOWN
-----------------------------------------------------------------------------------
24 Dec 05 @ 1943 (Coll)                                                       BLOOD
ASAP WBC . . . . . . . . . . . .   9.5                  (4.5-10.8)       x10(9)/L
     RBC . . . . . . . . . . . .   4.93                 (4.7-6.2)        x10(12)/L
     HEMOGLOBIN. . . . . . . .  14.8                   (13.5-17.5)       g/dL
     HEMATOCRIT. . . . . . . .  44.2                    (40-54)          %
     MCV . . . . . . . . . . .  90.0                    (80-94)          fL
     MCH . . . . . . . . . . .  30.0                   (26.0-34.0)       pg
     MCHC. . . . . . . . . . .  33.4                    (32-36)          G/DL
     RDW . . . . . . . . . . .  11.3                    (11-16)
     PLT CT. . . . . . . . . . 139                     (130-400)         x10(9)/L
     MPV . . . . . . . . . . .  10.9     H              (6-10)
     NEUT% . . . . . . . . . .  91.20    H              (39-69)          %
     LYMPH%. . . . . . . . . .   5.90    L              (37-63)          %
     MONO% . . . . . . . . . .   1.50                   (0-13)           %
     EOS%. . . . . . . . . . .   1.20                   (0-5)            %
     BASO% . . . . . . . . . .   0.20                   (0-2)            %
     NEUT# . . . . . . . . . .   8.69    H             (2.52-8.64)       x1000/uL
     LYMPH#. . . . . . . . . .   0.56    L              (.9-4.86)        x1000/uL
     MONO# . . . . . . . . . .   0.14                   (0-1.08)         x1000uL
     EOS#. . . . . . . . . . .   0.11                   (0-.54)          x1000/uL
     BASO# . . . . . . . . . .   0.02                   (0-.22)          x1000uL
     NEUT/100 WBC. . . . . . . 86        H              (51-67)          %
     LYMPH/100 WBC . . . . . .  7        L              (21-35)          %
     MONO/100 WBC. . . . . . .  1        L              (4-8)            %
     EOS/100 WBC . . . . . . .  0        L              (1-4)            %
     BASO/100 WBC. . . . . . .  0                       (0-2)            %
     PLT EST . . . . . . . . . . . .
                                ADEQUATE 140,000-440,000/mm3
     DIFF/TECH/COMM. . . . . .   mam
     NORMOCYTIC. . . . . . . . . . .
                                NORMOCYTIC
     NORMOCHROM. . . . . . . . . . .
                                NORMOCHROMIC
     BANDS . . . . . . . . . .  6                       (0-10)           %

24 Dec 05 @ 1943 (Coll)                                          BLOOD(BLOOD)
ASAP BC PANEL. . . . . . . . . PENDING

24 Dec 05 @ 1943 (Coll)                                          BLOOD(BLOOD)
ASAP BC PANEL. . . . . . . . . PENDING

24 Dec 05 @ 0834 (Coll)                                                      SERUM
     MG. . . . . . . . . . . .   2.20                   (1.6-2.3)        mg/dL
     PHOSPHORUS. . . . . . . .   4.40                   (2.5-4.5)        mg/dL
     GLUCOSE . . . . . . . . . 88                       (74-106)         mg/dL
     BUN . . . . . . . . . . .   3        L*             (9-20)          mg/dL
Result Comment:
  call to and repeated back by LTJG Buttrell DET MOS @0925....mam
     CREAT . . . . . . . . . .   0.8                    (0.8-1.3)        mg/dL
===================================================================================
   L=Lo   H=Hi   *=Critical   R=Resist   S=Susc   MS=Mod Susc   I=Intermed
  U=Uncert   /A=Amended   Comments= (O)rder, (I)nterpretations, (R)esult
===================================================================================
```

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 30 Dec 04 - 25 Dec 05

Report requested by: (b)(3):10 USC

D,JTF000693 20/888-00-0693 M/3 Req #:

Ph: Military Unit: UNKNOWN

24 Dec 05 @ 0854 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| NA+ | 141 | | (137-145) | mmol/L |
| K | 3.8 | | (3.5-5.1) | mmol/L |
| CL- | 103 | | (98-107) | mmol/L |
| CO2 | 26.1 | | (22.0-30.0) | mmol/L |
| CA | 8.9 | | (8.4-10.2) | mg/dL |
| TP | 6.7 | | (6.3-8.2) | g/dL |
| ALBUMIN | 3.6 | | (3.5-5.0) | g/dL |
| AST | 23 | | (17-59) | U/L |
| ALT | 32 | | (21-72) | UL |
| TBILI | 1.0 | | (0.2-1.3) | mg/dL |

24 Dec 05 @ 0854 (Coll) SERUM

| | |
|---|---|
| T4, FREE | PENDING |
| TSH | PENDING |

24 Dec 05 @ 0854 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| WBC | 2.9 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.63 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.8 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 40.3 | | (40-54) | % |
| MCV | 87.0 | | (80-94) | fl |
| MCH | 29.8 | | (26.0-34.0) | pg |
| MCHC | 34.3 | | (32-36) | G/DL |
| RDW | 10.7 | L | (11-16) | |
| PLT CT | 164 | | (130-400) | x10(9)/L |
| MPV | 11.0 | H | (6-10) | |
| NEUT% | 51.00 | | (39-69) | % |
| LYMPH% | 42.90 | | (37-63) | % |
| MONO% | 1.70 | | (0-13) | % |
| EOS% | 3.90 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |
| NEUT# | 1.47 | L | (2.52-8.64) | x1000/uL |
| LYMPH# | 1.24 | | (.9-4.86) | x1000/uL |
| MONO# | 0.05 | | (0-1.08) | x1000uL |
| EOS# | 0.11 | | (0-.54) | x1000/uL |
| BASO# | 0.01 | | (0-.22) | x1000uL |
| NEUT/100 WBC | 57 | | (51-67) | % |
| LYMPH/100 WBC | 39 | H | (21-35) | % |
| MONO/100 WBC | 3 | L | (4-8) | % |
| EOS/100 WBC | 1 | | (1-4) | % |
| BASO/100 WBC | 0 | | (0-2) | % |
| PLT EST | ADEQUATE 140,000-440,000/mm3 | | | |
| DIFF/TECH/COMM | mam | | | |
| NORMOCYTIC | NORMOCYTIC | | | |
| NORMOCHROM | NORMOCHROMIC | | | |

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 30 Dec 04 - 25 Dec 05

Report requested by: (b)(3):10 USC

D,JTF000693 20/888-00-0693 M/3 Reg #:

Ph: Military Unit: UNKNOWN

24 Dec 05 @ 0854 (Coll) BLOOD

22 Dec 05 @ 2132 (Coll) URINE

| | | |
|---|---|---|
| ASAP COLOR . . . . . | YELLOW | |
| APPEARANCE. . . . . | CLEAR | |
| GLUCOSE-URINE . . . . | NEGATIVE | (Neg.-Trace) |
| BILIRUBIN . . . . . | NEGATIVE | (neg) |
| KETONES . . . . . | NEGATIVE | (Neg) |
| SG. . . . . | PENDING | |
| BLOOD-URINE . . . . . | NEGATIVE | (Neg) |
| URINE pH. . . . . | 5.5 | (5.0-8.0) |
| PROTEIN . . . . . | NEGATIVE | (Neg-Trace) |
| UROBILINOGEN. . . . . | 0.2 E.U/DL | (0.2) |
| NITRITE . . . . . | NEGATIVE | (Neg) |
| LEUKOCYTE ESTER . . . | NEGATIVE | (Neg) |

22 Dec 05 @ 1831 (Coll) SERUM

H PYLORI QL . . . . . POSITIVE

Interpretations:

NORMAL = NEGATIVE

22 Dec 05 @ 1828 (Coll) SERUM

ASAP AMYLASE . . . . . <30 (30-110) U/L

Result Comment: amylase result <30 U/L, below analyzer assay range.....mam

LIPASE. . . . . 70 (23-300) U/L

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[]=Uncert /A=Amended Comments- (O)rder, (I)nterpretations, (R)esult

[1w
CSNB GUANTANAMO BAY CUBA 24 Dec 2005@17:58 Page 1
Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: 21 Dec 05 - 24 Dec 05
Report requested by: (b)(3):10 USC

D,CTF000693 20/888-00-0693 M/3 Reg #:
Ph: Military Unit: UNKNOWN

24 Dec 05 @ 0854 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| MG. . . . . | 2.20 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS. . . . . | 4.40 | | (2.5-4.5) | mg/dL |
| GLUCOSE . . . . . | 88 | | (74-106) | mg/dL |
| BUN . . . . . | 3 | L* | (9-20) | mg/dL |

Result Comment:
call to and repeated back by (b)(3):10 USC @0925....mam

| | | | | |
|---|---|---|---|---|
| CREAT . . . . . | 0.8 | | (0.8-1.5) | mg/dL |
| NA+ . . . . . | 141 | | (137-145) | mmol/L |
| K . . . . . | 3.8 | | (3.5-5.1) | mmol/L |
| CL- . . . . . | 103 | | (98-107) | mmol/L |
| CO2 . . . . . | 26.1 | | (22.0-30.0) | mmol/L |
| CA. . . . . | 8.9 | | (8.4-10.2) | mg/dL |
| TP. . . . . | 6.7 | | (6.3-8.2) | g/dL |
| ALBUMIN . . . . . | 3.6 | | (3.5-5.0) | g/dL |
| AST . . . . . | 23 | | (17-59) | U/L |
| ALT . . . . . | 32 | | (21-72) | UL |
| TBILI . . . . . | 1.0 | | (0.2-1.3) | mg/dL |

24 Dec 05 @ 0854 (Coll) BLOOD

| | | | | |
|---|---|---|---|---|
| WBC . . . . . | 2.9 | L | (4.5-10.8) | x10(9)/L |
| RBC . . . . . | 4.63 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN. . . . . | 13.8 | | (13.5-17.5) | g/dL |
| HEMATOCRIT. . . . . | 40.3 | | (40-54) | % |
| MCV . . . . . | 87.0 | | (80-94) | fl |
| MCH . . . . . | 29.8 | | (26.0-34.0) | pg |
| MCHC. . . . . | 34.3 | | (32-36) | G/DL |
| RDW . . . . . | 10.7 | L | (11-16) | |
| PLT CT. . . . . | 164 | | (130-400) | x10(9)/L |
| MPV . . . . . | 11.0 | H | (6-10) | |
| NEUT% . . . . . | 51.00 | | (39-69) | % |
| LYMPH%. . . . . | 42.90 | | (37-63) | % |
| MONO% . . . . . | 1.70 | | (0-13) | % |
| EOS%. . . . . | 3.90 | | (0-5) | % |
| BASO% . . . . . | 0.50 | | (0-2) | % |
| NEUT# . . . . . | 1.47 | L | (2.52-8.64) | x1000/uL |
| LYMPH#. . . . . | 1.24 | | (.9-4.86) | x1000/uL |
| MONO# . . . . . | 0.05 | | (0-1.08) | x1000uL |
| EOS#. . . . . | 0.11 | | (0-.54) | x1000/uL |
| BASO# . . . . . | 0.01 | | (0-.22) | x1000uL |
| NEUT/100 WBC. . . . . | 57 | | (51-67) | % |
| LYMPH/100 WBC . . . . . | 39 | H | (21-35) | % |
| MONO/100 WBC. . . . . | 3 | L | (4-8) | % |
| EOS/100 WBC . . . . . | 1 | | (1-4) | % |
| BASO/100 WBC. . . . . | 0 | | (0-2) | % |

PLT EST . . . . . .
ADEQUATE 140,000-440,000/mm3
DIFF/TECH/COMM. . . . . mam
NORMOCYTIC. . . . . .

(b)(3):10 USC

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ISN: 888-00-693

# RECORD INACTIVATED

(DATE) 10 JUN 2006

SIGNED: (b)(3):10 USC §130b,(b)(6)

SMO DENTAL OFFICER

508-111 NSN 7540-00-

**MEDICAL RECORD**

## DOCTOR'S ORDERS

(Sign all orders)

| DATE AND TIME START | STOP | RX | OSCAR BLOCK DISCHARGE ORDERS | DOCTOR'S SIGNATURE | NURS SIGNAT |
|---|---|---|---|---|---|
| 05 Dec 06 | | 1 | Discharge: From (b)(2) to ~~Transition~~ Block (b)(3):10 per Doc | | |
| 1235 | | 2 | Diagnosis: Resolution of Detainee Hunger Strike | | |
| | | 3 | Condition: Well hydrated, stable, and good. | | |
| | | 4 | Weighting Detainees: Daily weights while in the transition block status until seen at Det Clinic | | |
| | | 5 | Activity: Per Guard Force protocol | | |
| | | 6 | Diet: Regular per Camp Protocol | | |
| | | 7 | Followup: The assigned Block Hospital Corpsman from the Camp Delta Clinic | | |
| | | | will provide daily medical visits to this ~~transition~~ block. (b)(3):10 | | |
| | | 8 | Supplemental feeding: The assigned Block Hospital Corpsman will | | |
| | | | provide up to two cans of Vanilla flavored ENSURE to the detainee | | |
| | | | at / or around the hours of 0600 and 1400 daily. The Guard Force | | |
| | | | will supervise the consumption of this supplemental feeding per block | | |
| | | | protocol. | | |
| | | 9 | Laboratory Studies: Basic Metabolic Panel, LTFs, CBC, Mg, Phos, and Ca upon | | |
| | | | leaving (b)(2) if not obtained within the past 48 hours and | | |
| | | | every three days while in the transition block status. | | |
| | | | Today's labs already drawn. Repeat in 3 days | | |
| | | 10 | Flu appt @ Det Clinic JTF GT (b)(3):10 USC §130b,(b)(6) | | |
| | | | in one week. | | |
| | | | (continue on reverse side) | | |

PATIENT'S IDENTIFICATION middle, grade; rank, rate: hospital or medical facility)

| REGISTER NO. | WARD NO. |
|---|---|
| | |

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

SN 7540-00-634-4176

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*) |

DATE:
1 June 2006

**BEHAVIORAL HEALTHCARE SERVICES**
**TREATMENT PLAN**

ALLERGIES:
NKDA

**DIAGNOSTIC IMPRESSION:**

| | |
|---|---|
| Axis I: | Deferred |
| Axis II: | Antisocial features |
| Axis III: | See Medical Record. History of hunger striking. |
| Axis IV: | Routine stressors of confinement |

**MEDICATIONS:**

| |
|---|
| Not currently receiving psychotropic medications |
| |
| |
| |
| |

TREATMENT HISTORY AND CURRENT PLAN

1. SELF OR OTHER HARM PRECAUTIONS INITIATED ON THIS DATE: NA
2. Follow all (JTF-JMG) accepted standards of care in the medical and administrative management of food refusing detainee.
3. Monitor and protect the health and welfare of a food refuser detainee, consistent with legal authority and standard medical and psychiatric practice.
4. At least weekly while detainee on hunger strike list, psychiatric assessments will be done to rule-out underlying mental illness as a cause for food refusal.
5. BHS should become involved with the detainee before, or immediately upon commencement, of food refusing behavior in order to continually assess the food refuser's mental health and offer support of BHS services. Detainee's history and current presentation is not consistent with a major mood, anxiety, and/or psychotic disorder.
6. Recent food refusal does not appear due to reasons secondary to a psychiatric disorder.
7. While ultimate decision for detainee block location is up to the DOC, BHS recommends that detainee be in a cell on a block devoid of food refusers.
8. As Detainee transitions from food refuser to voluntary feed status, he will be initially followed PRN by BHS.
9. Removed from hunger striker list on 6 Jun 06. Follow-up and final evaluation completed on 6 Jun 06.

(b)(3):10 USC §130b,(b)(6)

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| JTF-GTMO DETENTION HOSPITAL | DETAINEE | BEHAVIORAL HEALTH SERVICES | DELTA CLINIC JTF-GTMO, CUBA |

| DETAINEES IDENTIFICATION | FOLLOW UP | LANGUAGE |
|---|---|---|
| | PRN | Arabic |

ISN: 0693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| | |

Detention Hospital, JTF-GTMO, Cuba

***BEHAVIORAL HEALTHCARE SERVICES FOLLOW-UP***

DATE: 7Jun06
TIME: 2140

DETAINEE: 888-00-693
CELL: APLHA-5
LANGUAGE: ☐ Pashtu ☒ Arabic ☐ Urdu ☐ Farsi ☐ English ☐ Russian ☐ French ☐ Uzbek

S/O: S: FINAL FOOD REFUSAL ASSESSMENT: Spoke with detainee via interpreter. Detainee was in good spirits throughout interview. Detainee states he has been eating all meals lately without refusal. States that he has no "mean thoughts" of hurting others or himself. States he does not see "ghosts" or "genies" in his cell and that he does not hear voices. Detainee denies SI/HI/AVH.

O: Detainee was dressed appropriately in tan clothing upon arrival of BHU staff and interpreter esscourted by guard. Detainee appeared to be in good health as evidenced by his weight gain via MAs logs. Guard staff says that detainee has been compliant with all meals lately. Detainee did not appear to be responding to internal or external stimuli. Does not appear to have SIB.

**Mental Status Exam:**

| | | | |
|---|---|---|---|
| Appearance- | neat/clean | Mood- | euthymic |
| Distinguishing Features- | none noted | Affect- | congruent |
| Alert/Oriented- | alert | Thought Content- | WNL |
| Speech- | ranging via interpreter | Thought Processes- | logical |
| Eye Contact- | good | Memory- | unable to assess |
| Communication- | normal | Attention/Concentration- | WNL |
| Motor Skills- | WNL | Intelligence- | unable to assess |
| | | Insight/Judgment- | adequate |

(b)(3):10 USC

A: Axis I: No diagnosis, Axis II: ~~No diagnosis~~ Antisocial Traits, Axis III: History of hunger strikes.
There seems to be no psyhocological component to the detainees hunger strikes as evidenced by his choosing to return to normal eating habits.

P: Follow up PRN.

- ☒ FU is scheduled for PRN.
- ☐ Initiate or maintain pre-cautions SH SW
- ☐ Recommend medication evaluation.
- ☐ Encourage fluid intake & eating
- ☐ Discuss case at next treatment team
- ☐ Referra
- ☐ Recom

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0000 - 693

| RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba | | |
|---|---|---|
| | | SEX: |
| 1SV | 0000 | DOB: |

CHRONOLOGICAL RECORD OF MEDICAL CARE SF 600 (REV 5-84)

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| | |

Detention Hospital, JTF-GTMO, Cuba

***BEHAVIORAL HEALTHCARE SERVICES FOLLOW-UP***

DATE: 6Jun06
TIME: 2110

DETAINEE: 883-00-0693
CELL: A-5
LANGUAGE: ☐ Pashtu ☒ Arabic ☐ Urdu ☐ Farsi ☐ English ☐ Russian ☐ French ☐ Uzbek

S/O: FINAL FOOD REFUSAL ASSESSMENT. Spoke with detainee via Arabic interpreter. Detainee was informed that BHU was there to speak with him. Detainee stated, " You have four questions. Sleep good, eating good." Detainee denied any SI/HI/ AVH.

Upon arrival detainee was talking to another detainee when tech approached with interpreter and MA. Detainee came over by cell door when called by MA. Detainee appeared neat and clean. Detainee was pleasant and coorperative while speaking to technician via Arabic interpreter. Detainee was looking back and forth between technician and interpreter. Detainee did not appear to be responding to any external/ internal stimuli. No SIB was noted.

**Mental Status Exam:**

| | | | |
|---|---|---|---|
| Appearance- | neat/clean | Mood- | euthymic |
| Distinguishing Features- | none noted | Affect- | congruent |
| Alert/Oriented- | alert | Thought Content- | WNL |
| Speech- | ranging via interpreter | Thought Processes- | linear/logical |
| Eye Contact- | little to none | Memory- | unable to assess |
| Communication- | normal | Attention/Concentration- | WNL |
| Motor Skills- | WNL | Intelligence- | average |
| | | Insight/Judgment- | fair |

A: Axis I: Deferred Axis II: ~~Deferred~~ Antisocial Features Axis III: History of Hunger Striking
(b)(3):10

Detainee acknowledged BHU staff and was coorperative as evidence by his answering questions asked by technician.

P: Continue with treatment plan
☒ FU is scheduled for PRN.
☐ Initiate or maintain pre-cautions SH SW
☐ Recommend medication evaluation.
☐ Encourage fluid intake & eating
☐ Discuss case at next treatment team
☐ Referral to psychologist for complete eval
☐ Recommend disc

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

DETAINEE IDENTIFICATION (Imprint)

0000 193

| RECORDS MAINTAINED AT: Detention Hospital, GTMO, Cuba | | |
|---|---|---|
| | | SEX: |
| | | |
| | | |
| 1SV | 0000 | DOB: |

CHRONOLOGICAL RECORD OF MEDICAL CARE SF 600 (REV 5-84)

ISN 7540-00-634-4176

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*) |

DATE: BEHAVIORAL HEALTHCARE SERVICES

19 MAR 2006TREATMENT PLAN

ALLERGIES:
NKDA

DIAGNOSTIC IMPRESSION:

| | |
|---|---|
| Axis I: | Deferred Diagnosis |
| Axis II: | Antisocial Features |
| Axis III: | Defer to Medical Record |
| Axis IV: | Routine Stressors of Confinement |

MEDICATIONS:

No psychotropic medications currently.

## TREATMENT HISTORY AND CURRENT PLAN

1. SELF OR OTHER HARM PRECAUTIONS INITIATED ON THIS DATE:
2. Follow all (JTF-JMG) accepted standards of care in the medical and administrative management of food refusing detainee.
3. Monitor and protect the health and welfare of a food refuser detainee, consistent with legal authority and standard medical and psychiatric practice.
4. At least weekly psychiatric assessments to rule out underlying mental illness as a cause for food refusal.
5. BHS should become involved with the DET before, or immediately upon commencement, of food refusing behavior in order to continually assess the food refuser's mental health, counsel the DET regarding the adverse health effects associated with food refusal and offer support of BHS. DET's history and current presentation is not consistent with a major mood, thought, and psychotic disorder.
6. Continued food refusal does not appear due to reasons secondary to a psychiatric disorder.
7. DET will continued to be followed by BHS with weekly psychtech evals for MSE.

| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
|---|---|---|---|
| JTF-GTMO DETENTION HOSPITAL | DETAINEE | BEHAVIORAL HEALTH SERVICES | DELTA CLINIC JTF-GTMO, CUBA |

| DETAINEES IDENTIFICATION | FOLLOW UP | LANGUAGE |
|---|---|---|
| | Weekly | Arabic |

ISN: 00693

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 05JUN06 | (b)(2) |
| 1230 | Discharge Note - Medical Staff |
| | Detainee has ended his hunger strike. Detainee has demonstrated a change in his behavior by eating several meals. Detainee has shown that he can tolerate returning to solid food. Detainee is transferred off (b)(2) Detainee is well hydrated. Detainee's condition is good upon transfer off (b)(2) |
| | -Detainee is now compliant. Tolerating po intake well. At Regular Diet w/ Ensure x3 this am. - Labs drawn this am. |
| | Weight: 161.9 lbs ( 6/5/06 ) |
| | Vitals: Temp: 97 F HR: 87 /min RR: 16 /min BP: 124/83 |
| | Goal daily kcal: >2000 |
| | Received: Regular meals w/ Ensure Supplementation |
| | ☒ Compliant with oral feeding. |
| | The intent of the medical staff is to safely and effectively maximize nutrition and hydration of the detainee. The detainee was advised that a return to hunger striking would be hazardous to his health. |
| | Labs (P) |
| | PLAN: |
| | 1. Transfer off (b)(2) to ~~a transition (out patient) BLOCK~~ (b)(3):10 non-feeding block per DOC. |
| | 2. Regular diet as tolerated. |
| | 3. Activity per Guard Force protocol. |
| | 4. Guard Force to weigh detainee weekly. |
| | 5. Detainee may have additional supplemental feeding supervised by the Guard Force. |
| | 6. Follow-up medical care will be provided as needed when BLOCK hospital corpsmen make their routine rounds per the Camp Delta Outpatient Clinic protocol. |
| | 7. Block HMs who round on the detainee will be authorized to dispense up to two cans of Vanilla Flavored ENSURE twice daily at 0600 and 1400. No other flavor or brand of supplement will be dispensed other than Vanilla Flavored ENSURE. |
| | 8. Detainee will have lab studies drawn upon leaving (b)(2) if not obtained within the past 48 hours. No refusal by Detainee allowed. Labs will be drawn as needed on the blocks and will consist of a Basic Metabolic Panel, CBC, LFTs, Mg, Phos, and Ca. |
| | → No need to Redraw today's labs. |
| | 9. Flu on (P) labs |
| | 10. Flu appt in Det Clinic in 1 week. JTF GTM (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 04JUN06 | (b)(2) |
| 1100 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee's new complaints. Detainee has now consumed 6 meals & evidence of emesis or other GI distress. Per CW staff he's very hungry + has been on regular meals x 2 days. Detainee didn't meet BEAT. observed closely f/ refeeding syndrome (no evidence of such at this time)

Weight: 161.7 lbs (6/4/06)
Vitals: Temp: 96 HR: 89 /min RR: 18 /min BP: 125/78

~~EF Day #~~: Feeding Block Day #160; No EF needed in past 1.5 days
Goal daily kcal: >2000
Received:
Regular meal w/ Ensure TID

☐ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☒ Close medical observation

☐ Change to following:

→ If he eats 3 more meals he'll be officially off the HS list. Potentially can be D/c from OSCAR Block tomorrow. No evidence of Refeeding Syndrome this time.
→ Will CBC/CMP. Mg, Phos in am. Will need Hx & Dot Clinic in 1 week if D/c in am.

JTF GTMO Detention Hos

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 03JUN06 | (b)(2) |

Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- 3 problems since Ground report
- 3 problems since N. Note

Weight: lbs ( 163 ) 15#

Vitals: Temp: HR: 112 /min RR: 16 /min BP: 128/62

PE unremarkable

EF Day #: Eating currently x3 meals

Goal daily kcal:

Received: Regular diet. Does not desire BRAT

☑ Compliant ☐ Non-compliant with enteral feeding ☐ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

- observe for refeeding syndrome
- Modify regular to half BRAT.

JTF (b)(3):10 USC §130b,(b)(6) Hospital Dr.

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 02JUN06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)( | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted (continu | 2/00 1045 | |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES middle; grade; rank; rate; hospital or medical facility) REGISTER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | 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 |
| | **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 ____ . Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse |

(continue on reverse side)

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 505 (REV. 7-91)
Prescribed by GSA/ICMR FIRMR (41CR)

ISN 693 Did not receive IV ISN opted to eat lunch. Ate normal Regular Diet + 1 [illegible]
NO problems. Pt observed for adverse reactions. None [illegible]
Medical staff called to observe detainee throughout [illegible]

(b)(3):10 USC

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| _____ | Left arm | _____ | _____ | Left leg | _____ | _____ |
| | Right arm | _____ | _____ | Right leg | _____ | _____ |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b,(b)(6)

Addressograph

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 02JUN06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC | | |
| | | | Noted 02/6/06 0730 (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.

DOCTOR'S ORDERS
MEDICAL RECORD

613A

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR FIPMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 6/2/06 | |
| 0900 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 6/2/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0905 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 6/2/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1037 | 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 1037 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) isode. |
| | GITMO Nurse |

(continue on reve

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 509 (REV. 7-81)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 6/2/06 | Left arm | 0900 | 1037 | Left leg | 0900 | 1037 |
| | Right arm | 0900 | 1037 | Right leg | 0900 | 1037 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 110EK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 110EK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 110EK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 115EK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 110EK | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 110EK | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| 0[illegible] | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

02JUN06

1000 Progress Note – Medical Staff

Patient offered a meal but refused - ~~enteral feeds as recommended~~ voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee interviewed + examined w/ interpreter present. He voiced no complaints.

Weight: 158.4 lbs (6/2/06)
Vitals: Temp: 98 HR: 92 /min RR: 14 /min BP: 116/69

GEN: WDWN ♂ in NAD in restraint chair CVS: RRR s m/c/r Pulm: CTA (B)

Abd: +BS NT/ND Ext: b clcl; 2+ Radial pulses (B)

EF Day #: 158
Goal daily kcal: 2210
Received:
4 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital D

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 6/1/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| 6/1/06 | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC (b)(3):10 USC §130b,(b)(6) | | |
| 6/1/06 | | | | | |
| 1400 | | | | | |

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

STANDARD FORM 508 (REV. 3-04)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 6/1/06 | |
| 1407 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints ~~as per~~ current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 6/1/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1417 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _ 10 F / X 12 F enteral feeding tube was |
| | inserted in the X 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 procedu[illegible]mplications. |
| | (b)(3):10 USC §130b,(b)(6)<br>GITMO Dr. / Nurs[illegible] |
| 6/1/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER [illegible]OMPLETE** |
| 1520 | 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 1520 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems relat[illegible] episod[illegible] (b)(3):10 USC §130b,(b)(6) (b)(3):10 USC [illegible] |
| | GITMO Nurse |

(continue on reverse side)

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

993

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 6-1-06 | Left arm | 1907 | 1520 | Left leg | N/A | N/A |
| | Right arm | 1707 | 1500 | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 110IK | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 110IK | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 110IK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 110IK | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 110IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

093

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 01JUN06 | (b)(2) |
| 1230 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 158.2 lbs ( 6/1/06 )
Vitals: Temp: 98 HR: 92 /min RR: 14 /min BP: 122/75

EF Day #: 157
Goal daily kcal: 2210
Received:
4 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital Dr (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 6/1/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| 6/1/06 | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) 6/1/06 0900 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

653

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 6/1/06 | |
| 0938 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 6/1/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0941 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 6/1/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1034 | 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 1034. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems re (b)(3):10 USC §130b,(b)(6) e. |
| | GITMO Nurse |
| | (continue on reverse sid |

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

693
9

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 6/1/06 | Left arm | 0938 | 1037 | Left leg | N/A | N/A |
| | Right arm | 0938 | 1034 | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 110 EK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 110 EK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 110 EK | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 110 EK | | 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 |
|---|---|---|---|
| | | | |

Addressograph

673

19

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 31 MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)( | | |
| | | | (b)(3):10 USC §130b,(b)(6) | 5/31/06 | |

(continue on reverse side) 1900

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

193*

STANDARD FOR 508 (REV 3-94)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-8.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/31/00 | |
| 1400 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| 5/31/00 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1412 | 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. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/31/00 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1458 | 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 1458. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble episode. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on r |

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

PROGRESS NOTES
Medical Record

693p

STANDARD FORM 509 (REV. 7-91)
Prescribed by OSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/31/04 | Left arm | 1412 | 1458 | Left leg | 1412 | 1458 |
| | Right arm | 1412 | 1458 | Right leg | 1412 | 1458 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/I/K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1/12/I/K | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1/12/I/K | | 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 |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

093p

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

31MAY06

1040 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 158.1 lbs (5/31/06) % IBW based on 30MAY06: 107.6% → 117% last week.

Vitals: Temp: 95.7 F HR: 78 /min RR: 14 /min BP: 118/53

- Detainee's new complaints.

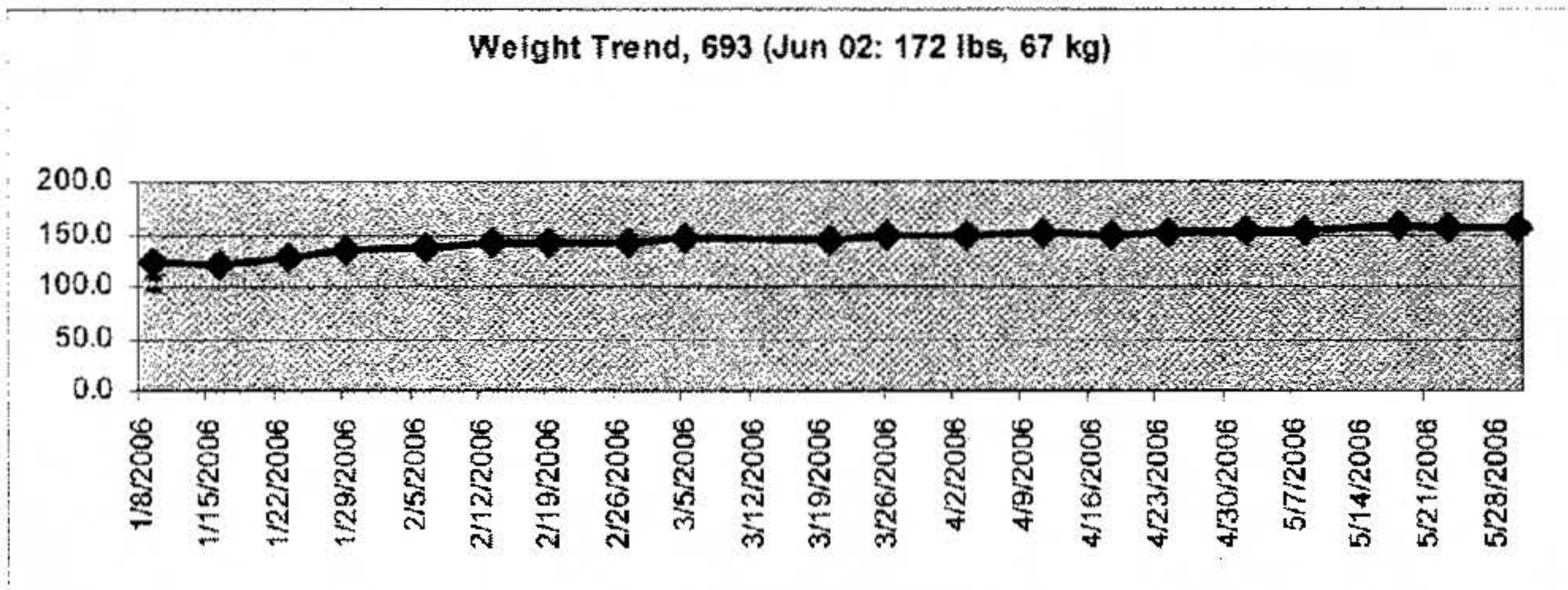
EF Day #: 156

Goal daily kcal: 2210

Received: 1 can Jevity 1.5 and 3 cans Jevity 1.0 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☐ Continue with current regimen ☐ Close medical observation

☒ Change to following:

→ % IBW continue to rise. Will ↑ 5F to 4 cans Jevity 1.0 BID w/ resultant ↓ of 210 kcals/day.

JTF GTMO Detention Hospital I (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 31MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b (b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) (b)(3):10 USC §130b,(b)(6 | | |
| | | | 5/31/06 | | |

(continue on reverse side) 0860

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

693A

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-1.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/31/06 | |
| 0900 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/31/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0822 | 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. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/31/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0905 | 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 0905. 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 |

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 509 (REV. 7-91)
Prescribed by OSA/OMB, FIRMR (41CR)

695

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/31/06 | Left arm | 0822 | 0905 | Left leg | 0822 | 0905 |
| | Right arm | 0822 | 0905 | Right leg | 0822 | 0905 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/I/K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1/12/I/K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1/12/I/K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0420 | | | 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 |
|---|---|---|---|
| | | | |
| | | | |

095a

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 30 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | | | |

(continue on reverse

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NA
middle; grade; rank; rate; hospital or medical facili

(b)(3):10 USC §130b,(b)(6)

693 P

MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/30/06 | |
| 1348 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/30/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1350 | 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 w (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/30/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1423 | 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 1423. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |
| | (continue on rev |

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

PROGRESS NOTES
Medical Record

693p

STANDARD FORM 509 (REV. 7-90)
Prescribed by GSA/ICMR, HKMR (41 CR)

NAVHOSPGTMO 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/30/06 | Left arm | 1348 | 1403 | Left leg | N/A | N/A |
| | Right arm | 1348 | 1403 | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

Additional Sheet Yes

C43P

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

**DATE** | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

30MAY06 (b)(2)

1305 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 156.5 lbs (5/30/06)
Vitals: Temp: 95.5 HR: 82 /min RR: 14 /min BP: 119/72
67

EF Day #: 155
Goal daily kcal: 2210
Received:
1 can Jevity 1.5 + 3 cans Jevity 1.0 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Temp likely spurious. Recd in am.
→ Weight graph tomorrow.

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 30 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/30/06 0500 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

STANDARD FOR 508 (REV. 3-94)
Prescribed by OSA/SOMS, FIRMR (41 CFR) 201-4.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/30/06 | |
| 0833 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/30/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0840 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a __ 10 F / 12 F enteral feeding tube was |
| | inserted in the __ R / L postril 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 procedur (b)(3):10 USC §130b,(b)(6) ons. |
| | GITMO Dr. / Nurse |
| 5/30/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0900 | 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 0900. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) isode. |
| | GITMO Nurs |
| | (continue on |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

0938

NAVHOSPGTMO INST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/30/06 | Left arm | 0333 | 0900 | Left leg | N/A | N/A |
| | Right arm | 0333 | 0900 | Right leg | | |

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

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

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

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

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 112 EK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 112 EK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 112 EK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

693 a

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/29/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/29/04 1330 | | |

(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

STANDARD FORM 508 (REV. 3-94)
Prescribed by SECNAVINST 5212.5D (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/29/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1341 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| 5/29/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1345 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/29/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| 1431 | 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 1431. Detainee had did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) sode. |
| | GITMO Nurs |
| | (continue on |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAM
middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In | Time Out: |
|---|---|---|---|---|---|---|
| 5/25/06 | Left arm | 1341 | 1431 | Left leg | / | / |
| | Right arm | 1341 | 1431 | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 | IK | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 17 | IK | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 17 | IK | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 17 | IK | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

63

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 29MAY06 | (b)(2) |
| 1220 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee I new complaints.

Weight: 155.6 lbs (5/29/06)
Vitals: Temp: 98.6 HR: 92 /min RR: 16 /min BP: 146/80

EF Day #: 154
Goal daily kcal: 2210
Received:
1 can Jevity 1.5 + 3 cans Jevity 1.0 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital D (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/29 | /06 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr | | |
| | | | Noted 0815 5/29/06 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

693

A

STANDARD FORM 508 (REV. 5-04)
Prescribed by GSA/ CMS, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/29/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0840 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nur |
| | |
| 5/29/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0848 | 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 proce (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / N |
| 5/29/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0935 | 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 0935. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | (continue on |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NA
middle; grade; rank; rate; hospital or medical facility)

693
A

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, TIRMR (41 CR)

NAVHOSPGTMO/NG/6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/27/06 | Left arm | 0840 | 0935 | Left leg | N/A | N/A |
| | Right arm | 0840 | 0935 | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 110 IK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 110 IK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 110 IK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 110 IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

Addressograph

GS 3

A

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

28MAY06 (b)(2)

S Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee has used no new complaint

28 May 06

Weight: 153.7 lbs ( 153.7 )

Vitals: Temp: 97 HR: 86 /min RR: 14 /min BP: 121/73

Pulmonal - Production of flu-like

EF Day #: 153

Goal daily kcal: 2210

Received:

1 can Jevity 1.5 + 3 can Jevity 1.0 / BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital Dr (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/28/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/28/06 1330 | | |

(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

STANDARD FORM 508 (REV. 9-84)
Prescribed by CSA/CMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/25/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1330 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurs |
| | |
| 5/28/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1409 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _ ~~10 F~~ / _ 12 F enteral feeding tube was |
| | inserted in the _ ~~Rt~~ _ Lnostril 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. |
| | (b)(3):10 USC §130b,(b)(6)<br>GITMO Dr. / Nurse |
| 5/28/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1446 | 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 1446. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) e. |
| | GITMO Nurse |

(continue on re

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

693
P

NAVHOSPGTMO/NSN 6520-1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/28/06 | Left arm | 1402 | 1446 | Left leg | 1402 | 1446 |
| | Right arm | 1402 | ~~1446~~ 1446 | Right leg | 1402 | 1446 |

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

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

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

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

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | [illegible] | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | [illegible] | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | [illegible] | | 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 | | |
| [illegible] | | | [illegible] | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Adcuss6gcp3

1313

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/ | 28/06 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/ 28/06 | 0800 | |

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

GA 3
A

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/CMR, FIRMR (41 CFR) 201-9.202

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/28/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0818 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nur |
| | |
| 5/28/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0818 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a ~~_ 18 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 5/28/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0906 | 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 0906. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | (continue on rev |

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 509 (REV. 7-61)
Prescribed by GSA/ICMR, FPMR (41CR)

643
A

NAVHOSPGTMO INST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/25/06 | Left arm | 0815 | 0900 | Left leg | 0815 | 0900 |
| | Right arm | 0815 | 0900 | Right leg | 0815 | 0900 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | [illegible] | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | [illegible] | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | [illegible] | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

LG 3

A

(b)(3):10 USC §130b,(b)(6)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 27 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |

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

STANDARD FOR 508 (REV. 3-91)
Prescribed by GSA/ICMR 1-236R (41 CFR) 201-1.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/27/06<br>1300 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/27/06<br>1341 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a _~~10 Fr~~/ _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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 5/27/06<br>1422 | **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 1422 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 reve

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

663
P

NAVHOSPGTMO/MOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/29/05 | Left arm | 1341 | 1422 | Left leg | 1341 | 1422 |
| | Right arm | 1341 | 1422 | Right leg | 1341 | 1422 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/121 I K | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1/121 I K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1/121 I K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

Addendum pgs

b(3)

P

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)<br>JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
| 27MAY06 | (b)(2) |
| 1345 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 156.4 lbs (5/27/06)
Vitals: Temp: 97.3 HR: 83 /min RR: 14 /min BP: 127/72

EF Day #: 152
Goal daily kcal: 2210
Received:
1 can Jevity 1.5 and 3 cans Jevity 1.0 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

JTF GTMO Detention Hospital Dr (b)(3):10 USC §130b,(b)(6

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 27May06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/21/06 0830 | | |

(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

693A

STANDARD FORM 508 (REV. 3-64)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/24/05<br>0830 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 5/27/05 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0553 | 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 |
| | GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6) |
| 5/27/05 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0830 | 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 0830 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on r

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

603
A

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 3/27/06 | Left arm | 0853 | 0930 | Left leg | 0853 | 0930 |
| | Right arm | 0853 | 0930 | Right leg | 0853 | 0930 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/514 | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1/12/514 | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1/12/514 | | 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)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

AE Crossograph

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 26MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/10/06 1200 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

695'

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FPMR (41 CFR) 101-9.202.1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/26/06 | |
| 1343 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nur |
| | |
| 5/26/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1345 | 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 proced (b)(3):10 USC §130b,(b)(6) ions. |
| | GITMO Dr. / Nur |
| 5/26/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1428 | 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 1428 Detainee had (did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) isode. |
| | 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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)

645 p

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/20/06 | Left arm | 1333 | 1708 | Left leg | N/A | N/A |
| | Right arm | 1343 | 1708 | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1710 | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 1710 | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 1710 | | 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)

(b)(3):10 USC §130b,(b)(6)

Addressograph

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
| 26MAY06 | (b)(2) |
| 1430 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.
- Detainee seen + examined w/ interpreter present. I told him his labs were normal. He saw dental yesterday + got his teeth clean → he's very happy about this.
- Per my nurse his nasal passages are much less inflamed.

Weight: 155 lbs (5/26/06)
Vitals: Temp: 97.7 HR: 87 /min RR: 14/min BP: 113/70

GEN: WDWN ♂ in NAD in restraint chair HEENT: ¢LAD ; Teeth look much better
CVS: RRR ∅ m/g/r Pulm: CTA(B) Abd: +BS NT/ND, soft
Ext: ¢ c/c/e. Radial pulses 2+ (B)

EF Day #: 151
Goal daily kcal: 2210
Received:
1 can Jevity 1.5 and 3 cans Jevity 1.0 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Cont Sudafed for nasal inflammation.
→ Cont Allegra for SAR.
→ Gingivitis should get better p̄ cleaning.

JTF GTMO Detention Hospital Dr (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 26 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO DI (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | Note 5/26/06 0915 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 A

STANDARD FORM 509 (REV. 3-84)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201.9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/26/06 | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 0958 | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/26/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1002 | 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 w (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/26/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1041 | 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 1041. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |
| | (continue on re |

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

PROGRESS NOTES
Medical Record

693

STANDARD FORM 509 (REV. 7-61)
Prescribed by SSA/CMR, FIRMR (41 CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/06/06 | Left arm | 0958 | | Left leg | N/A | N/A |
| | Right arm | 0958 | | Right leg | N/A | N/A |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | I J D E K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | I J D E K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | I J D E K | | 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 |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 2.5 mg/kg | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/05/04 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

673 P

STANDARD FORM 509 (REV. 3-54)
Prescribed by GSA-OMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | 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 |
| | **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 ____ . Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse |

(continue on reverse side)

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR 41CFR

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| _____ | Left arm | _____ | _____ | Left leg | _____ | _____ |
| | Right arm | _____ | _____ | Right leg | _____ | _____ |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

Addressograph

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 25MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO | | |
| | | | | (b)(3):10 USC §130b,(b)(6) | |
| | | | Noted 5/25/06 0 | | |

(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 A

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/25/06 | |
| 0952 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/05/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0955 | 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 procedur (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/25/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| 1035 | 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 1035 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems r (b)(3):10 USC §130b,(b)(6) . |
| | GITMO Nurse |

(continue on reverse

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME–las
middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/05/06 | Left arm | 0950 | 1035 | Left leg | 0952 | 1035 |
| | Right arm | 0952 | 1035 | Right leg | 0950 | 1035 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 112 EK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 112 EK | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 112 EK | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Anorexsograpb

043R

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 25MAY06 | (b)(2) |
| 1100 | Progress Note – Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended & voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Detainee's new complaints. |
| | Weight: 155.3 lbs (5/25/06) |
| | Vitals: Temp: 97.5 HR: 58 /min RR: 14 /min BP: 114/66 |
| | EF Day #: 150 |
| | Goal daily kcal: 2210 |
| | Received: |
| | 1 can Jevity 1.5 and 3 cans Jevity 1.0 > BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☒ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: |
| | JTF GTMO Detention Hospital D (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

MEDICAL RECORD

DOCTOR'S ORDE
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | Wed 5/24/06 1400 | (b)(3):10 USC §130b,(b)(6) | |

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

WARD NO.

MEDICAL RECORDS

693

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/04/06 1400 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/04/06 1427 | **PROCEDURE NOTE: INSERTION OF FEEDING T** |
| | 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 proced (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nur |
| 5/04/06 1506 | **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 1526 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems r (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

PATIENT'S IDENTIFICATION (NOR STICKER OR WRITTEN ENTRIES OVER NAME ...
(name, grade, rank, date, hospital or medical facility)

PROGRESS NOTES
Medical Record

693p

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/24/06 | Left arm | 1722 | ~~1922~~ 1526 | Left leg | 1722 | 1526 |
| | Right arm | 1722 | ~~1922~~ 1526 | Right leg | 1722 | 1526 |

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

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

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

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

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1710 IK | | | | |
| 0245 | | | 0845 | | | 1445 | 1710 IK | | | | |
| 0300 | | | 0900 | | | 1500 | 1710 IK | | | | |
| 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 | | |
| | | | | | | 1745 | | | 2345 | | |

| Date | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

098

MEDICAL RECORD

DOCTOR'S ORDER
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 24MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Attend 5/24/06 (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) WARD NO

MEDICAL RECORD

693A

MEDICAL RECORD

(Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/24/06 0945 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/24/06 0948 | **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 proced (b)(3):10 USC §130b,(b)(6) ons. |
| | GITMO Dr. / Nur |
| 5/24/06 1035 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER TE** |
| | 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 1035. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) int episode. |
| | GITMO Nurse |

(Indicate Grade)

(MUST NOT BE FILLED IN FOR TYPED OR WRITTEN ENTRIES GIVE NAME

(Middle, Grade, Unit, Date, Hospital or Medical Facility)

PROGRESS NOTES
Medical Record

693a

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/24/06 | Left arm | 0945 | 1025 | Left leg | 0945 | 1025 |
| | Right arm | 0945 | 1025 | Right leg | 0945 | 1025 |

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

1. Lane of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | |
| | | | | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

678a

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

24MAY06

0955 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 153.4 lbs (5/24/06) % IBW based on 23MAY06: 107% → 108.4% last week

Vitals: Temp: 97.9 F HR: 85 /min RR: 14/min BP: 119/67

- Detainee's new complaints

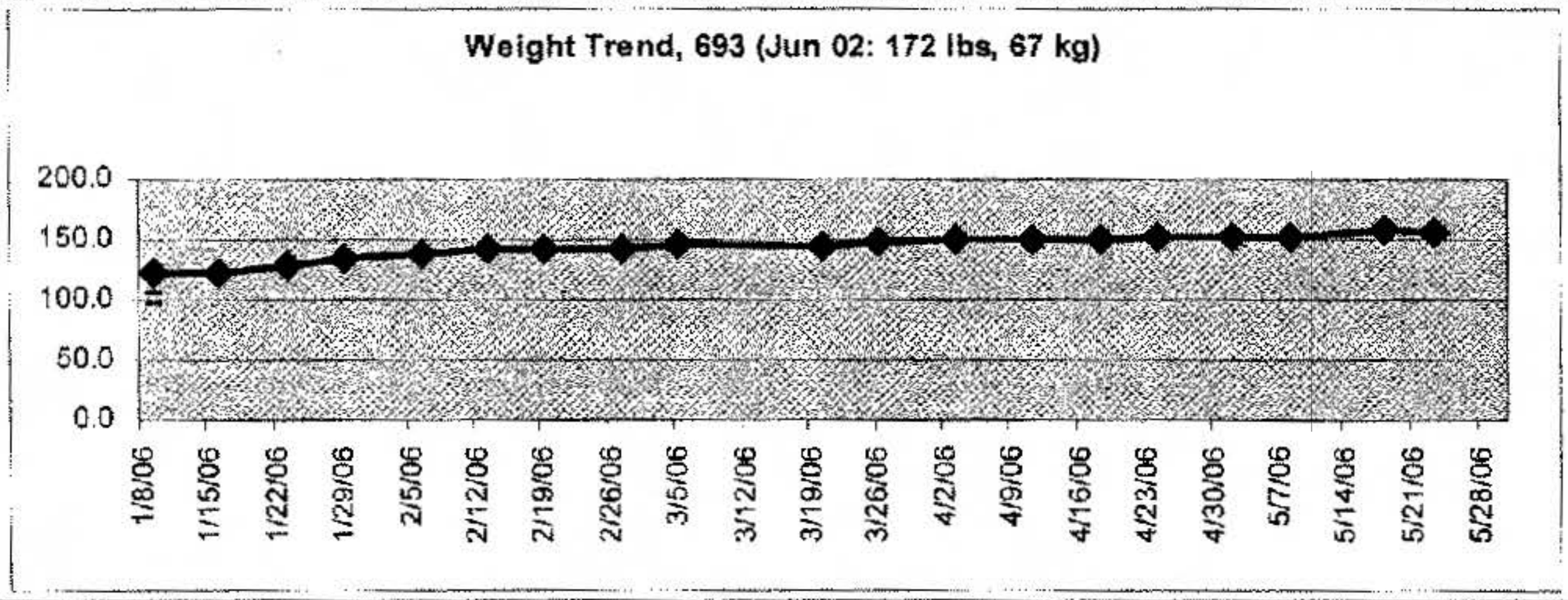
EF Day #: 149

Goal daily kcal: 2210

Received: 1 can Jevity 1.5 and 3 cans Jevity 1.0 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ to lowering food goal of 100%. No Δ in EF

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

**MEDICAL RECORD**

DOCTOR'S ORDE
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 23 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/23/06 1000 | | |

(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.

MEDICAL RECORD

693

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/23/00 | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 1245 | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/23/00 1250 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| | Indication: Malnutrition; hunger strike |
| 1248 | 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 procedu[illegible]ns. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs[illegible] |
| 5/23/00 1330 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER [illegible]E** |
| | 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 1330 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble[illegible] (b)(3):10 USC §130b,(b)(6) [illegible]sode. |
| | GITMO Nurse |

(Continued on [illegible])

[illegible] IDENTIFICATION [illegible] (TYPE OR WRITE IN PATIENT'S NAME [illegible]

[illegible] (military order [illegible] civilian hospital or medical facility)

PROGRESS NOTES
Medical Record

[illegible]

1430

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/23/06 | Left arm | 1345 | 1370 | Left leg | 1345 | 1370 |
| | Right arm | 1345 | 1370 | Right leg | 1345 | 1370 |

**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)* | J. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | F. Toilet refused | I. 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | 1 2 (3 EK | | 00 | | |
| 0115 | | | 0715 | | | 1315 | 1 2 (3 EK | | 15 | | |
| 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b (b)(

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

693p

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTIO

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 23MAY06 | (b)(2) |
| 1215 | Progress Note – Medical Staff |
| | Patient offered a meal but refused -enteral feeds as recommended, voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| - Detainee 5 new complaints. | Weight: 155.6 lbs (5/23/06) |
| | Vitals: Temp: 97.5 F HR: 88 /min RR: 16 /min BP: 122/66 |
| | EF Day #: 148 |
| | Goal daily kcal: 2210 |
| | Received: Jevity 1.5 x 1 and Jevity 1.0 x 3 > BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693
22 May 06 @ 1328

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 122 | H | (74-106) | mg/dL → 2° to getting blood during ET (Not fasting) |
| BUN | 11 | | (9-20) | mg/dL |
| CREAT | 0.9 | | (0.8-1.5) | mg/dL |
| NA+ | 139 | | (137-145) | mmol/L |
| K | 4.4 | | (3.5-5.1) | mmol/L |
| CL- | 99 | | (98-107) | mmol/L |
| CO2 | 26.8 | | (22.0-30.0) | mmol/L |
| CA | 8.9 | | (8.4-10.2) | mg/dL |
| TP | 8.5 | H | (6.3-8.2) | g/dL |
| ALBUMIN | 5.0 | | (3.5-5.0) | g/dL |
| AST | 28 | | (17-59) | U/L |
| ALT | 28 | | (21-72) | UL |
| TBILI | 0.6 | | (0.2-1.3) | mg/dL |
| MG | 2.20 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 3.20 | | (2.5-4.5) | mg/dL |

| | | | | |
|---|---|---|---|---|
| WBC | 4.8 | | (4.5-10.8) | x10(9)/L |
| RBC | 4.61 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 14.5 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 43.0 | | (40-54) | % |
| MCV | 93.3 | | (80-94) | fl |
| MCH | 31.6 | | (26.0-34.0) | pg |
| MCHC | 33.8 | | (32-36) | G/DL |
| RDW | 10.8 | L | (11-16) | |
| PLT CT | 238 | | (130-400) | x10(9)/L |
| MPV | 10.75 | H | (6-10) | |
| NEUT% | 34.80 | L | (39-69) | % |
| LYMPH% | 55.30 | | (37-63) | % |
| MONO% | 7.20 | | (0-13) | % |
| EOS% | 2.20 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

**DATE**

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF –JMG, Medical Department, Guantanamo Bay, Cuba

(b)(2)

**23MAY06**

1215

## Progress Note – Medical Staff Con't

NEUT# ..... 01.66 L (2.52-8.64) x1000/uL
LYMPH#..... 2.63 (.9-4.86) x1000/uL
MONO# ..... 0.34 (0-1.08) x1000uL
EOS#..... 0.10 (0-.54) x1000/uL
BASO# ..... 0.02 (0-.22) x1000uL
NEUT/100 WBC..... 36 L (51-67) %
LYMPH/100 WBC ..... 53 H (21-35) %
MONO/100 WBC..... 8 (4-8) %
EOS/100 WBC ..... 1 (1-4) %
BASO/100 WBC..... 0 (0-2) %

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Labs look good. RV in 2 weeks.

(b)(3):10 USC §130b,(b)(6)

JTF GTM

DETAINEE 'S IDENTIFICATION NUMBER:

693

**CHRONOLOGICAL RECORD OF MEDICAL CARE**
**MEDICAL RECORD**
**STANDARD FORM 600 (rev. 9/05)**

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 13 May 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/03/06 0800 | (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.

MEDICAL RECORD

693A

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/23/06 | |
| 0841 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/23/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0879 | 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 procedur (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/23/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER I** |
| 0931 | 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 0931 / Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES ONLY) NAME

(Center, geriatric unit, etc., hospital or medical facility)

PROGRESS NOTES
Medical Record

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/22/06 | Left arm | 0821 | 0921 | Left leg | 0821 | 0921 |
| | Right arm | 0821 | 0921 | Right leg | 0821 | 0921 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1710 IK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1710 IK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1710 IK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1710 IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/22 | 1600 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/22/06 1300 (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)

REGIST... WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-1.202-1

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| | |
| 5/22/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1331 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nurse |
| | |
| 5/22/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1337 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/22/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FE** |
| 1411 | 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 ____ . Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) sode. |
| | GITMO Nurse |

(continue on reverse)

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR FIPMR (41CR)

6993
P

NAVHOSP GTMO INS 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/12/06 | Left arm | 1331 | 1421 | Left leg | 1331 | 1421 |
| | Right arm | 1331 | 1421 | Right leg | 1331 | 1421 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 11 EK | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | 11 EK | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | 11 EK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

22MAY06 (b)(2)

1355 Progress Note - Medical Staff

Patient offered a meal but refused - enteral feeds as recommended. Voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints.

Weight: 151.3 lbs (5/22/06)
Vitals: Temp: 97.5 HR: 81 /min RR: 16 /min BP: 125/73

- Labs (P)

EF Day #: 147
Goal daily kcal: 2210
Received:
Jevity 1.5 x 1 and Jevity 1.0 x 3 > BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/22/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/22/06 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

693
19

STANDARD FORM 508 (Rev. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/22/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0907 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/22/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0916 | 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 |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/22/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| 1013 | 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 1013. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems r e. |
| | (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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/22/06 | Left arm | 0400 | 1013 | Left leg | 0907 | 1013 |
| | Right arm | 0907 | 1013 | Right leg | 0907 | 1013 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0930 | | | 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 | 11 I K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 11 I K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 11 I K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 11 I K | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

addressograph

GTMO JMG 1359

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/21/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 1330 5/21/06 (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.

DOCTOR'S ORDERS
MEDICAL RECORD

683
F3

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-4

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/21/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1330 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| 5/21/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1352 | 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 procedur (b)(3):10 USC §130b,(b)(6) ns. |
| | GITMO Dr. / Nurse |
| 5/21/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1432 | 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 1432. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurs |
| | (continue on |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NA middle; grade; rank; rate; hospital or medical facility)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

693
P

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/21/06 | Left arm | 1359 | 1932 | Left leg | 1352 | 1932 |
| | Right arm | 1352 | 1932 | Right leg | 1352 | 1932 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | V:2/I:K | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | V:2/I:K | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | V:2/I:K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

Address/Geriatric

693

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/21/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Di | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 21 10 | | |

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
A

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMS, FPMR (41 CFR) 201-8.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/21/02 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0800 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/21/02 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0824 | Indication: Malnutrition; hunger strike |
| | Under local anesthesia (viscous lidocaine, 2%), a ~~18 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 w (b)(3):10 USC §130b,(b)(6) ns. |
| | GITMO Dr. / Nurse |
| 5/21/02 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FE E** |
| 0905 | 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 0905 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |

(continue on reve

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

693
A

NAVHOSPGTMO INS 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/21/06 | Left arm | 0824 | 0905 | Left leg | 0824 | 0905 |
| | Right arm | 0824 | 0905 | Right leg | 0824 | 0905 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/FIK | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1/12/FIK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1/12/FIK | | 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 |
|---|---|---|---|
| | | | |

Addressograph

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

21MAY06 (b)(2)

1300 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints

Weight: 155.4 lbs (5/21/06)
Vitals: Temp: 97.3 HR: 74 /min RR: 16 /min BP: 115/73

EF Day #: 146
Goal daily kcal: 2210
Received:
Jevity 1.5 x 1 and Jevity 1.0 x 3 B/D

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

- CBC, CMP, Mg, Phos in am

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 20MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) r. (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.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| 5/20/06 | |
| 1332 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/20/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1357 | 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. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/20/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1436 | 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 1436 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on rev |

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

PROGRESS NOTES
Medical Record

693p

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR (41CFR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/20/06 | Left arm | 1357 | 1436 | Left leg | 1357 | 1436 |
| | Right arm | 1357 | 1436 | Right leg | 1357 | 1436 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | [redacted] | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | [redacted] | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | [redacted] | | 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 |
|---|---|---|---|
| | | | |
| | | | |

673 p

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 20MAY06 | (b)(2) |
| | Progress Note – Medical Staff |
| 0950 | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Ø problems see Nursing note for good report |
| | Weight: lbs ( ) |
| | Vitals: Temp: 97.4 HR: 76 /min RR: 14 /min BP: 127/64 |
| | Ø indicated |
| | EF Day #: 145 |
| | Goal daily kcal: 2210 |
| | Received: Jevity 1.5 x 1 Jevity 1.0 x 3 > BID |
| | ☑ Compliant ☐ Non-compliant with enteral feeding ☑ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☑ Continue with current regimen ☐ Close medical observation |
| | ☐ Change to following: (b)(3):10 USC §130b,(b)(6) |
| | J on Hospital Dr. |

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 20 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR FPMR (41 CFR) 201-7.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/20/06 | |
| 0900 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6)<br>GITMO Nurse |
| | |
| 5/20/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0853 | 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. |
| | (b)(3):10 USC §130b,(b)(6)<br>GITMO Dr. / Nurse |
| 5/20/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| ~~0823~~ | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| 0923 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 0923 Detainee ~~had~~ did not have physical injury from the restraint |
| | episode. Detainee reported the following problem: (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |

(continue on rev

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

PROGRESS NOTES
Medical Record

693a

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/20/06 | Left arm | 0833 | 0923 | Left leg | 0833 | 0923 |
| | Right arm | 0833 | 0923 | Right leg | 0833 | 0923 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/ E/ K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1/12/ I/K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1/12/ I/K | | 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 | | |
| 0520 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Initials | Signature | Initials | Signature | Initials |
|---|---|---|---|---|
| | | | | |
| | | | | |

(b)(3):10 USC §130b, (b)(6)

093a

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 19 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/19/06 1700 | (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)

DOCTOR'S ORDERS
MEDICAL RECORD

643

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| 5/19/06 | |
| 1347 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/19/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1345 | 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 v (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/19/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1346 | 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 1346 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problen (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nurse |

(continue on re

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 509 (REV. 7-61)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/19/06 | Left arm | 1342 | 1346 | Left leg | 1342 | 1346 |
| | Right arm | 1342 | 1346 | Right leg | 1342 | 1346 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 | IK | 1845 | | |
| 0100 | | | 0700 | | | 1300 | 17 | IK | 1900 | | |
| 0115 | | | 0715 | | | 1315 | 17 | IK | 1915 | | |
| 0130 | | | 0730 | | | 1330 | 17 | IK | 1930 | | |
| 0145 | | | 0745 | | | 1345 | 17 | IK | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

Adenosograph

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 19MAY06 | (b)(2) |
| 1345 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended. voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

· Evening meal cut short yesterday 2° to detainee bleeding. Interrupted exam and pt. present. States his eye itchiness is better w/ Allegra. Complains of waking up w/ bleeding gums.

Weight: 158.3 lbs (5/19/06)

Vitals: Temp: 97.8 HR: 81 /min RR: 16 /min BP: 121/66

GEN: WDWN ♂ in NAD in restraint chair. HEENT: (R) nare normal (L) nare mildly congested & evidence of infx. Teeth: poor dentition w/ slight gingivitis + recession of gum line & bottom incisors. CV: RRR. Pulm: CTA (B). Abd: +BS NT/ND. Ext: delete 2+ radial pulses (B)

EF Day #: 144

Goal daily kcal: 2420

Received:

2 cans Jevity 1.5 + 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ SAR Cont Allegra daily.
→ (L) nare inflammation: Ifxfyl LABIAX 2 weeks May need Flonase in future.
→ Dietitian will put on dental list.

(b)(3):10 USC §130b (b)(6)

JTF GTMO Detention Hospital D

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 19MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC | (b)(3):10 USC §130b,(b)(6) | |
| | | | Noted 5/19/06 0800 | | |

(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

673 A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/19/06 | |
| 0805 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/19/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0812 | 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 5/19/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0835 | 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 0835. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (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)

b93a

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by NAVMCMR, FIRMR (41CR)

NAVHOSPGTMO/SF 6520 (Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/19/00 | Left arm | 0805 | 0855 | Left leg | 0805 | 0855 |
| | Right arm | 0805 | 0855 | Right leg | 0805 | 0855 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 18 EK | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 17 18 EK | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 17 18 EK | | 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 |
|---|---|---|---|
| | | | |
| | | | |

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**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 18MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/18/06 (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.

MEDICAL RECORD

693

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/18/06 | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse |
| | |
| 5/18/06 | **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 |
| 5/18/06 | **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 ____. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse |

(Signature or initials)

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE NAME, [illegible]

(Hospital or other medical facility)

PROGRESS NOTES
Medical Record

693p

Unable to conduct
EF d/t MD order

(b)(3):10 USC §130b,(b)(6)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/18/06 | Left arm | | | Left leg | | |
| | Right arm | | | Right leg | | |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 |
|---|---|---|---|---|---|
| | | | | | |

693 p

Unable to Conduct
EF 4/4 MO order

(b)(3):10 USC §130b,(b)(6)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

18MAY06

0925 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.

Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Weight: 152.7 lbs (5/18/06) % IBW based on 18MAY06: 108.4% → 105.1% last week

Vitals: Temp: 97.6 F HR: 77/min RR: 18/min BP: 115/70

- Detainee's new complaint.

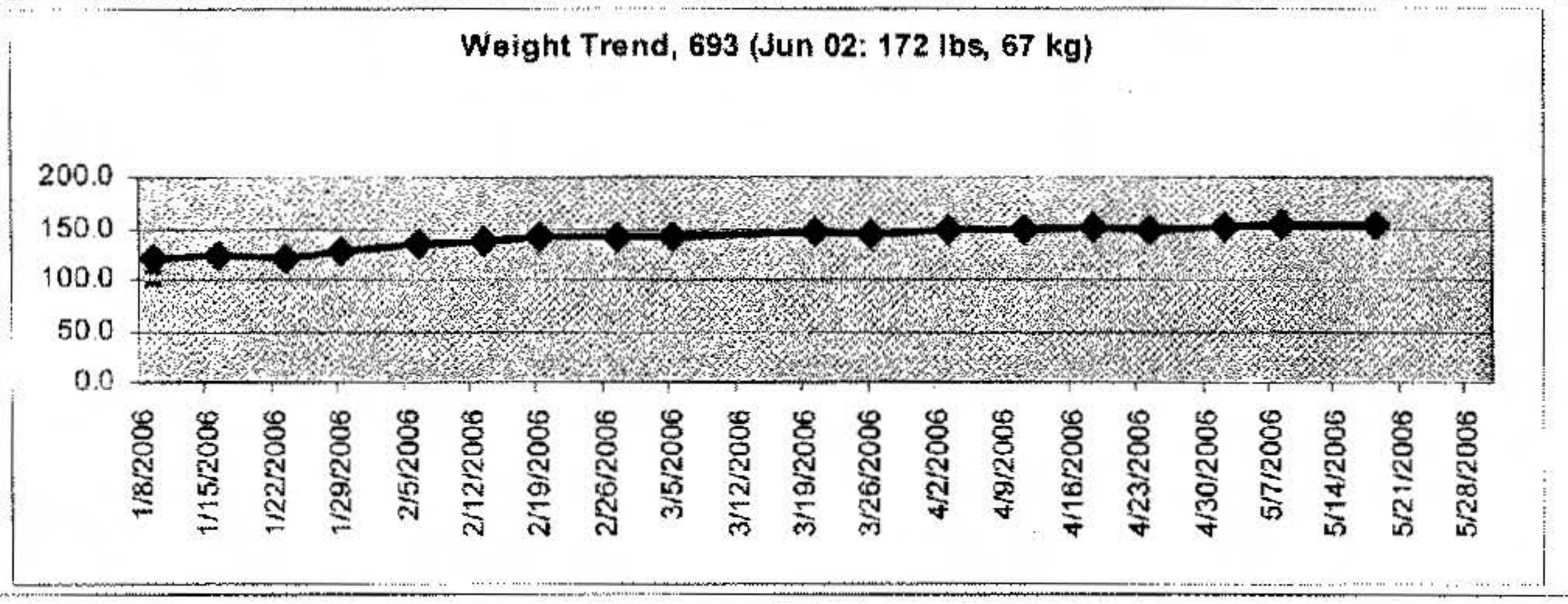
EF Day #: 143

Goal daily kcal: 2420

Received: 2 cans Jevity 1.5 + 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☐ Continue with current regimen ☐ Close medical observation

☒ Change to following:

→ % IBW cont to ↑ away from goal of 100% IBW ↓ kcal in diet by 220/day by 4 d/d to 1 can Jevity 1.5 + 3 cans Jevity 1.0 BID

→ Exam tomorrow

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 18MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0930 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/19/06 | (b)(3):10 USC §130b,(b)(6) | |

PATIENT'S IDENTIFICATION: FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade, rank, rate; hospital or medical facility) NO

693A

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/18/06 0912 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| 5/18/06 0916 | **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 |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/18/06 1000 | **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 1000 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

[illegible]

WARNING: INFORMATION UNDER EXPIRED OPERATION ENDURING FREEDOM

middle: [illegible] (military hospital or medical facility)

PROGRESS NOTES
Medical Record

093a

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/18/06 | Left arm | 0912 | 1000 | Left leg | 0912 | 1000 |
| | Right arm | 0912 | 1000 | Right leg | 0912 | 1000 |

**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)* | J. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | F. Toilet refused | K. ROM (q 2 hr)* | N. Bath/shower refused |
| C. Fluids offered (q 2 hr)* | G. Medication accepted | L. RN observation (q 2 hr)* | O. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | I. 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 | 1 10 IK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1 10 IK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1 10 IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

69 3u

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 17MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0130 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | (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

MEDICAL RECORD

693

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/17/02 | |
| 1508 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nu |
| | |
| 5/17/02 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1511 | 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 proced (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nur |
| 5/17/02 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1542 | 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 1542. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) le. |
| | GITMO Nurse |

(Continued on ...)

PATIENT'S IDENTIFICATION (TYPED OR WRITTEN ENTRIES: GIVE NAME, ... first, middle, grade, rank, after hospital or medical facility)

PROGRESS NOTES
Medical Record

693p

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/12/20 | Left arm | 1508 | 1542 | Left leg | 1508 | 1542 |
| | Right arm | 1508 | 1542 | Right leg | 1508 | 1542 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | 3030 | | |
| 0245 | | | 0845 | | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1 12 IK | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | 1 12 IK | | 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 | | |
| 0520 | | | 1130 | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

0930

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

17MAY06 (b)(2)

1445 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee had a mild headache this am. Received 500 mg of Tylenol. Now doing okay.

Weight: 151.2 lbs (5/17/06)
Vitals: Temp: 98./HR: 83 /min RR: 14 /min BP: 107/63

EF Day #: 142.
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 + 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

→ Monitor for HA resolution
→ Daily weight goal to known.

(b)(3):10 USC §130b,(b)(6)
JTF GTMO Detention Hospital Dr

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 17MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO [redacted] (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr[redacted] (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | | 17/de 0830 | |

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

REGISTER NO. | WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

693A

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/17/06 | |
| 0858 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nu |
| 5/17/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0906 | 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 |
| | (b)(3):10 USC §130b,(b)(6) |
| | insufflation and test dose of water. Successful proced |
| | GITMO Dr. / Nur |
| 5/17/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0938 | 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 0938 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem |
| | Detainee c/o H/A. Medicated c 500 mg Tylenol @ 1000 GITMO Nurse |
| | (b)(3):10 USC §130b,(b)(6) |

(continue on reverse)

TYPE NAME (IDENTIFICATION) FOR TYPED OR WRITTEN ENTRIES GIVE NAME (middle, grade, rank, title, hospital or medical facility)

PROGRESS NOTES
Medical Record

693a

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/12/06 | Left arm | 0858 | 0938 | Left leg | 0858 | 0938 |
| | Right arm | 0858 | 0938 | Right leg | 0858 | 0938 |

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

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

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

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

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 1 7 10 I K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 1 7 10 I K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1 7 10 I K | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

693a

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/16 | /06 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO | | |
| | | | Retail 5/16/06 | 14 (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.

MEDICAL PROGRAM

693

P

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| | |
| 5/16/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1445 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/16/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1448 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/16/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1525 | 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 1525. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems relat (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

PATIENT'S IDENTIFICATION (FOR ORAL OR WRITTEN ORDERS ONLY: NAME, Last, First, Middle, grade or rank, date of birth, or medical facility)

PROGRESS NOTES
Medical Record

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/16/06 | Left arm | 1445 | 1505 | Left leg | 1445 | 1505 |
| | Right arm | 1445 | 1505 | Right leg | 1445 | 1505 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1718IK | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1718IK | | 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)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

16MAY06

1310 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints

Weight: 156.8 lbs (5/16/06)
Vitals: Temp: 97.7 HR: 70 /min RR: 16 /min BP: 107/65

EF Day #: 141
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Wt graph tomorrow

JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/85)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/16/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Ord 5/16/06 09 | (b)(3):10 USC §130b,(b)(6) | |

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

A

MEDICAL RECORD

(Sign all orders)

| DATE AND TIME | |
|---|---|
| | |
| 5/16/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY-- NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0913 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/16/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0917 | 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 5/16/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0945 | 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 0945. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nurse |

PRINT OR INDICATE ALL TYPED OR WRITTEN ENTRIES GIVE NAME (last first middle, grade, rank, date in clinical or medical facility)

PROGRESS NOTES
Medical Record

693

A

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/16/06 | Left arm | 0913 | 0945 | Left leg | 0913 | 0945 |
| | Right arm | 0913 | 0945 | Right leg | 0913 | 0945 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1718 IK | (b)(3)·1 | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1718 IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

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MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| | |
| 5/15/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1742 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 5/15/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1520 | 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. |
| | GITMO Dr. / Nurse (b)(3):10 USC §130b,(b)(6) |
| 5/15/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1604 | 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 1604. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

PROGRESS NOTES
Medical Record

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders.)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/15/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) GITMO Dr | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO | | |

(b)(3):10 USC §130b,(b)(6)

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

REGISTER NO | WARD NO

653

P

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/15/06 | Left arm | 1520 | [illegible] | Left leg | 1520 | [illegible] |
| | Right arm | 1520 | [illegible] | Right leg | 1520 | [illegible] |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | [illegible] | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | [illegible] | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | [illegible] | | 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)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

593

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |

15MAY06 (b)(2)

1300 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee c̄ new complaints.

Weight: 158.7 lbs (5/15/06)
Vitals: Temp: 98.2 HR: 87 /min RR: 16 /min BP: 115/65

EF Day #: 140
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.2 RD

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 5/15 | 706 | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |

ASCU 5/15/06
(CONTINUATION SHEET NO)

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
A

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| | |
| 5/15/06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0900 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 5/15/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0937 | 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) |
| 5/15/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0930 | 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 0930. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

PATIENT'S IDENTIFICATION (INDICATE IN LOT TYPED OR WRITTEN ENTRIES ONE NAME)

(Name, grade, rank, that is correct at medical facility)

PROGRESS NOTES
Medical Record

693
9

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 15 May 06 | Left arm | 0537 | 0930 | Left leg | 0534 | 0930 |
| | Right arm | 0537 | 0930 | Right leg | 0537 | 0930 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | WRZ FIK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | WRZ FIK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | WRZ FIK | | 1515 | | | 2115 | | |
| 0230 | | | 0930 | WRZ FIK | | 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 | | | [illegible] | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

63

A

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 14MA06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3): 10 | | |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIVE: NAME--last, first, middle; grade, rank, rate; hospital or medical facility) | REGISTER NO. | WARD NO.

(Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/14/06 | |
| | INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE |
| 1430 | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/14/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1454 | 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. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/14/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1535 | 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 1535. 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 |

PROGRESS NOTES
Medical Record

693p

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/14/06 | Left arm | 1854 | 1528 | Left leg | 1757 | 1530 |
| | Right arm | 1854 | 1535 | Right leg | 1757 | 1534 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | | | [illegible] | | | 1715 | | | 2315 | | |
| 0530 | | | [illegible] | | | 1730 | | | 2330 | | |
| 0545 | | | [illegible] | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

673p

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

14MAY06 (b)(2)

Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Spoke with Mr Hansen re: good report

Weight: lbs (156.3) 71.0

Vitals: Temp: 97.6 HR: 88 /min RR: 16 /min BP: 147/76

SPC required indefinitely today

EF Day #: 139

Goal daily kcal: 2420

Received:

2 Cans Jevity 1.5 + 2 Can Jevity 1.0 BID

☑ Compliant ☐ Non-compliant with enteral feeding ☑ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☑ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

ion Hospital Dr.

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 14 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 6 0800 | | |

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

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/14/06 | |
| 0800 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/14/06 0834 | **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 (b)(3):10 USC §130b,(b)(6) ns. |
| | GITMO Dr. / Nurse |
| 5/14/06 0930 | **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 0930. 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 |

PROGRESS NOTES
Medical Record

0930

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/17/06 | Left arm | 0530 | 0730 | Left leg | 0530 | 0730 |
| | Right arm | 0530 | 0730 | Right leg | 0530 | 0730 |

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

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

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

| | | | |
|---|---|---|---|
| A. Meal offered | E. Toilet offered (q 2 hr)* | I. Circulation checks (q 2 hr)* | M. Bath/shower (qd)* |
| B. Meal refused | F. Toilet refused | J. ROM (q 2 hr)* | N. Bath/shower refused |
| C. Fluids offered (q 2 hr)* | G. Medication accepted | K. RN observation (q 2 hr)* | O. Pt/staff interaction |
| D. Fluids refused | H. Medication refused | L. Physician Visit | P. VS (q 4 hr)* |

*Minimal Time Requirements

Q. Other: See Notes (SF 509)

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | [illegible] | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | [illegible] | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | [illegible] | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | [illegible] | | 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 |
|---|---|---|---|
| | | | |

693

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 13 May 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0430 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO Dr. | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b) | | |
| | | | GITMO Dr. | | |
| | | | 5/13/06 | 1345 | (b)(3):10 USC §130b,(b)(6 |

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

REGISTER NO. | WARD NO.

693P

MEDICAL RECORD

MEDICAL RECORD

(Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/13/06 1413 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| 5/13/06 1418 | **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. |
| 5/13/06 1507 | (b)(3):10 USC §130b,(b)(6) GITMO Dr. / Nurse |
| | **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 1507. 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 |

PATIENT IDENTIFICATION FOR USE ON PROTOCOL WRITTEN ORDERS ONLY. NAME, SSN, DOB, middle grade, rank, unit, hospital or medical facility

PROGRESS NOTES
Medical Record

693p

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/13/02 | Left arm | 1413 | 1502 | Left leg | 1413 | 1502 |
| | Right arm | 1413 | 1502 | Right leg | 1413 | 1502 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1712 IK | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1712 IK | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1712 IK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | | | 2115 | | |
| 0230 | | | 0930 | | | 1530 | | | 2130 | | |
| 0245 | | | 0945 | | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2215 | | |
| 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

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

93 p

MEDICAL RECORD

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 13MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detaince in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b (b)( | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC | (b)(3):10 USC §130b,(b)(6) | |
| | | | Noted 5/13/06 0915 | | |

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

REGISTER NO. | WARD NO.

FS 693A

MEDICAL RECORD (Sign all orders)

| DATE AND TIME | |
|---|---|
| 5/13/06 0934 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| 5/13/06 0937 | **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 w |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/13/06 1033 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FE** |
| | 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 ____. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems re |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

CAUTION: IDENTIFICATION CORRECTED BY WRITTEN ENTRY ONLY. NAME, Last, First, Middle, grade, rank, under anesthesia or medical facility

PROGRESS NOTES
Medical Record

6/3a

# RESTRAINT OBSERVATION SHEET

U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/13/06 | Left arm | 0934 | 1033 | Left leg | 0934 | 1033 |
| | Right arm | 0934 | 1033 | Right leg | 0934 | 1033 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0500 | | | 1200 | | | 1800 | | |
| 0015 | | | 0515 | | | 1215 | | | 1815 | | |
| 0030 | | | 0530 | | | 1230 | | | 1830 | | |
| 0045 | | | 0545 | | | 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 | 110 EK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 110 EK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 110 EK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 110 EK | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 110 EK | | 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)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

13MAY06 (b)(2)

0900 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee c̄ new complaints

(b)(3):10 USC

Weight: 105.7 lbs (5/15/06)
Vitals: Temp: 97.9 HR: 81 /min RR: 19/min BP: 102/63

FF Day #: 138
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

**MEDICAL RECORD** — DOCTOR'S ORDERS (Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)( | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | Noted 5/10/06 1405 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

695P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 12May06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1430 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 12May06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1448 | 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 wi |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 12May06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 12 May 06 | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| 1508 | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 1508. 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 side)

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 509 (REV. 7-91)
Prescribed by GSA/ICSR, FIRMR (41CR)

643
P

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 1 May 06 | Left arm | 1430 | 1528 | Left leg | 1430 | 1528 |
| | Right arm | 1430 | 1528 | Right leg | 1430 | 1528 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 171 IK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 171 IK | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 171 IK | | 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)

(b)(3):10 USC

693

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 12MAY06 | (b)(2) |
| 1500 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food.
Chart reviewed. Detainee appears to be well hydrated. His condition is good.

Detainee seen + examined w/ interpreter present. Made aware his labs are normal. He c/o one month (B) eye itchiness + watering. Accounts of itchiness in his chest. Also has noted worsening in the am. No sneezing. He denies his (L) nare being stuffed up (he is SE to the gen. in his (R) nare)

Weight: 155.9 lbs (5/12/06)

Vitals: Temp: 97.4F HR: 91 /min RR: 16 /min BP: 110/65

GEN: WDWN in NAD HEENT: AT, PERRL, EOMI, Eyes: clear, no infection. No signs TTP. CVS: RRR, S1 S2 Pulm: CTA (B) Abd: +BS NT/ND Ext: 2+ Radial pulses (B)

EF Day #: 137
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☒ Change to following:

(1) Eye itchiness: could be from dust in the air. No evidence of conjunctivitis. C/o itchiness in chest. Tx empirically for allergic rhinitis w/ Allegra 180 mg po q day.
(2) (L) nare stuffiness: next visit will examine w/ otoscope to see if there is any sign inflammation exists. (b)(2) Dr. (b)(3):10 USC

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-11 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 12/4/06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC | | |
| | | | Notal 5/12/06 0845 | | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

593 A

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 12 May 06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0916 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 12 May 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0928 | 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 |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 12 May 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1010 | 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 1010. 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)

693
A

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FPMR (41CR)

NAVHOSPGTMO/NSST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 12 May 06 | Left arm | 0916 | 1010 | Left leg | 0916 | 1010 |
| | Right arm | 0916 | 1010 | Right leg | 0916 | 1010 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 171 2EK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 171 2EK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 171 2EK | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

(b)(3)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 11MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO Dr. (b)(3):10 USC §130b,(b)(6 | | |
| | | | 5/11/06 1520 | | |

(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

695

STANDARD FORM 508 (REV. 3-34)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 11 May 06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 1520 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 11 May 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1505 | 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 |
| 11 May 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1551 | 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 1551 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | (continue on re |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR FPMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 1 May 06 | Left arm | 1505 | 1551 | Left leg | 1505 | 1551 |
| | Right arm | 1505 | 1551 | Right leg | 1505 | 1551 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

Addressograph

(b)(3):10

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 11MAY06 | (b)(2) |
| 1310 | Progress Note – Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | - Detainee's new complaints. |
| | Weight: 154.8 lbs (5/11/06) |
| | Vitals: Temp: 97 F HR: 69 /min RR: 14 /min BP: 120/67 |
| | EF Day #: 136 |
| | Goal daily kcal: 2420 |
| | Received: |
| | 2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID |
| | [X] Compliant [ ] Non-compliant with enteral feeding [X] Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: [X] Continue with current regimen [ ] Close medical observation |
| | [ ] Change to following: |
| | JTF GTMO Detention Hospital Dr. (b)(3):10 USC §130b,(b)(6) |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 11 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6 | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) (b)(3):10 USC §130b,(b | | |
| | | | 11/06 0730 | | |

(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 A

STANDARD FOR 508 (REV. 3-84)
Prescribed by CSA/NCMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 11May06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0900 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 11May06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0916 | 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. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 11May06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1005 | 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 1005. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems [illegible] ode. |
| | (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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

NAVHOSPGTMOINST 6520.1 Series

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 11 Mar 06 | Left arm | 0916 | 1005 | Left leg | 0916 | 1005 |
| | Right arm | 0916 | 1005 | Right leg | 0916 | 1005 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/IK | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1/12/IK | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 1/12/IK | | 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC

693

A

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 10 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0732 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/10/06 1400 | | |

(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

6T3P

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202 (

| MEDICAL RECORD | PROGRESS NOTES (Sign all orders) |
|---|---|
| DATE AND TIME | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 10 May 06 | Detainee placed in restraints as per current Guard Force Protocol. |
| 1400 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6 |
| | |
| 10 May 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1440 | 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) |
| 10 May 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1530 | 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 1530 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on reverse side)

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 509 (REV. 7-91)
Prescribed by OBA/ICMR, FIRMR (41CR)

693

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 10/16/06 | Left arm | ~~1426~~ 1446 | 1526 | Left leg | 1446 | 1526 |
| | Right arm | ~~1426~~ 1446 | 1526 | Right leg | 1446 | 1526 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | W/2/TIK | (b)(3): | 2100 | | |
| 0315 | | | 0915 | | | 1515 | W/2/TIK | | 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

P

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF -JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 10MAY06 | (b)(2) |
| 1225 | Progress Note – Medical Staff |
| | Patient offered a meal but refused -enteral feeds as recommended/ voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 155.3 lbs (5/10/06) |
| | Vitals: 97.9 Temp: F HR: 72 /min RR: 16 /min BP: 115/68 |
| | - Detainee's new complaints |
| | EF Day #: 135 |
| | Goal daily kcal: 2420 |
| | Received: 2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |

D0693
09 May 06 @ 1112 (Coll) SERUM

| | | | | |
|---|---|---|---|---|
| GLUCOSE | 128 | H | (74-106) | mg/dL → Obtained during EF; not fasting. |
| BUN | 11 | | (9-20) | mg/dL |
| CREAT | 0.8 | | (0.8-1.5) | mg/dL |
| NA+ | 140 | | (137-145) | mmol/L |
| K | 4.0 | | (3.5-5.1) | mmol/L |
| CL- | 102 | | (98-107) | mmol/L |
| CO2 | 27.8 | | (22.0-30.0) | mmol/L |
| CA | 9.2 | | (8.4-10.2) | mg/dL |
| TP | 7.9 | | (6.3-8.2) | g/dL |
| ALBUMIN | 4.6 | | (3.5-5.0) | g/dL |
| AST | 25 | | (17-59) | U/L |
| ALT | 23 | | (21-72) | UL |
| TBILI | 0.4 | | (0.2-1.3) | mg/dL |
| MG | 2.20 | | (1.6-2.3) | mg/dL |
| PHOSPHORUS | 2.70 | | (2.5-4.5) | mg/dL |
| WBC | 3.7 | L | (4.5-10.8) | x10(9)/L |
| RBC | 4.31 | L | (4.7-6.2) | x10(12)/L |
| HEMOGLOBIN | 13.9 | | (13.5-17.5) | g/dL |
| HEMATOCRIT | 40.5 | | (40-54) | % |
| MCV | 94.0 | | (80-94) | fl |
| MCH | 32.2 | | (26.0-34.0) | pg |
| MCHC | 34.3 | | (32-36) | G/DL |
| RDW | 10.7 | L | (11-16) | |
| PLT CT | 218 | | (130-400) | x10(9)/L |
| MPV | 10.11 | H | (6-10) | |
| NEUT% | 35.40 | L | (39-69) | % |
| LYMPH% | 54.60 | | (37-63) | % |
| MONO% | 7.50 | | (0-13) | % |
| EOS% | 2.00 | | (0-5) | % |
| BASO% | 0.50 | | (0-2) | % |

→ ANC 1310

(b)(3):10 USC §130b,(b)(6)

JTF GTMO

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTIO

**MEDICAL RECORD**

# CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) |
|---|---|
| ~~25APR06~~ | (b)(2) (b)(2) |
| 10MAY06 1225 | Progress Note – Medical Staff Con't |

NEUT# ..... 01.30 L (2.52-8.64) x1000/uL
LYMPH#..... 2.01 (.9-4.86) x1000/uL
MONO# ..... 0.28 (0-1.08) x1000uL
EOS#..... 0.07 (0-.54) x1000/uL
BASO# ..... 0.02 (0-.22) x1000uL
NEUT/100 WBC..... 31 L (51-67) %
LYMPH/100 WBC..... 56 H (21-35) %
MONO/100 WBC..... 8 (4-8) %
EOS/100 WBC..... 5 H (1-4) %

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

- Labs are WNL.

JTF GTMO Dr. (b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 10 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) TMO Dr. (b)(3):10 USC §130b,(b)(6) | | |

5/10/06 0750

(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

693A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 10May 06 | |
| 0750 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nu (b)(3):10 USC §130b,(b)(6) |
| | |
| 10May 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0810 | 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 |
| 10May 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0857 | 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 0857 Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems e. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |

(continue on revers

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 509 (REV. 7-81)
Prescribed by CSA/ICMR, FIRMR (41CFR)

693

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 10 May 06 | Left arm | 0510 | 0557 | Left leg | 0510 | 0557 |
| | Right arm | 0510 | 0557 | Right leg | 0510 | 0557 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/I/K | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | 1/12/I/K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 1/12/I/K | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)

Addressograph

693

A

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 09MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |

(continue on reverse side)

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

DOCTOR'S ORDERS
MEDICAL RECORD

693 P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/9/06 | |
| 1440 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/9/06 1445 | **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. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/9/06 1530 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| | 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 1530. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems: |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on reverse) |

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

PROGRESS NOTES
Medical Record

693

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/9/00 | Left arm | 1440 | 1530 | Left leg | 1440 | 1530 |
| | Right arm | 1440 | 1530 | Right leg | 1440 | 1530 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1 12 IK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1 12 IK | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1 12 IK | | 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)

| Initials | Signature | Initials |
|---|---|---|
| | | |
| | | |

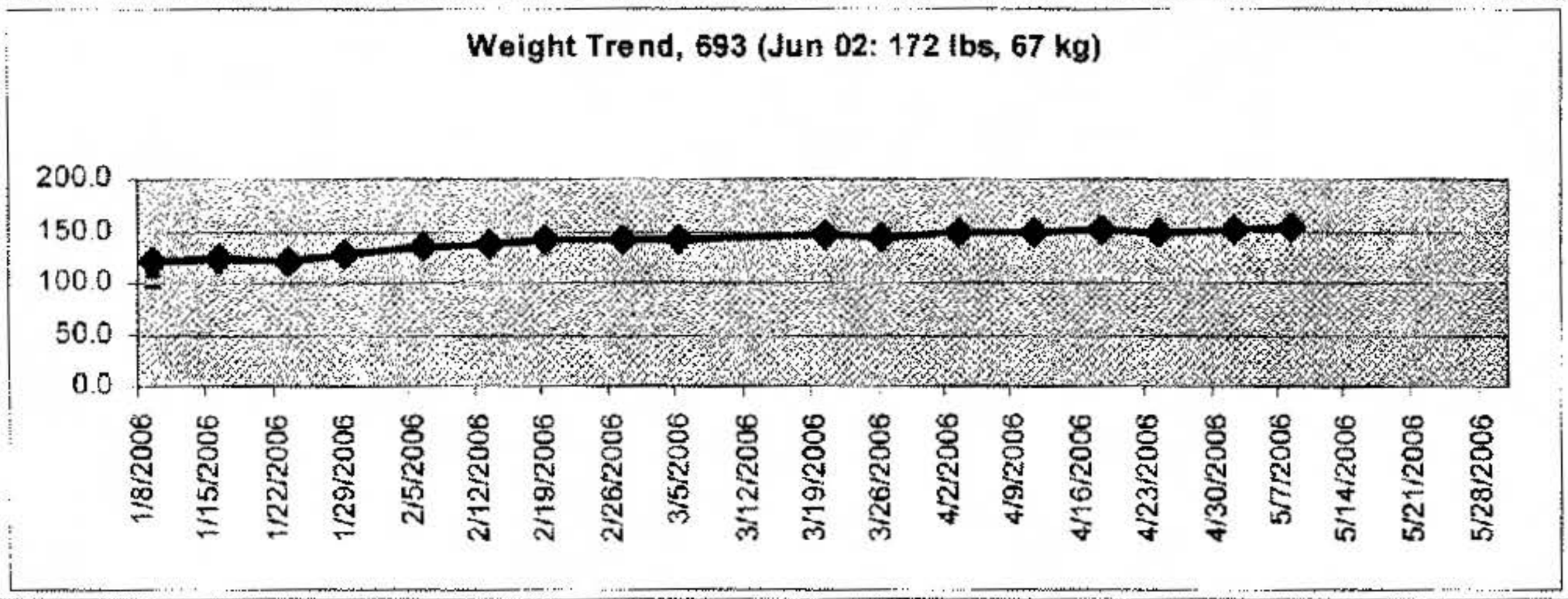
(b)(3):10

697

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 09MAY06 | (b)(2) |
| 1250 | Progress Note – Medical Staff |
| | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. |
| Detainee 5 new complaints | Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | Weight: 153.7 lbs (5/9/06) % IBW based on 08MAY06: 105.1% → 105.1% last week |
| | Vitals: Temp: 97.8 F HR: 89 /min RR: 16 /min BP: 120/66 |
| | Labs (P) |
| | EF Day #: 134 |
| | Goal daily kcal: 2420 |
| | Received: 2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID |
| | ☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints |
| | The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |




PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Await (P) labs

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 07MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | 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.

DOCTOR'S ORDERS
MEDICAL RECORD

613 A

STANDARD FOR 508 (REV 3-94)
Prescribed by GSA/ICMR, HIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/9/00 | |
| 0940 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/9/00 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0951 | 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 (b)(3):10 USC |
| | GITMO Dr. / Nurse §130b,(b)(6) |
| 5/9/00 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER F** |
| 1053 | 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 1053. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems rel (b)(3):10 USC |
| | GITMO Nurse §130b,(b)(6) |
| | (continue on reverse sid |

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

693a

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/9/06 | Left arm | 0946 | 1053 | Left leg | 0946 | 1053 |
| | Right arm | 0946 | 1053 | Right leg | 0946 | 1053 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 11 I K | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | 11 I K | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 11 I K | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 11 I K | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | 11 I K | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0520 | | | 1130 | | | 1730 | | | 2330 | | |
| 0545 | | | 1145 | | | 1745 | | | 2345 | | |

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |

(b)(3):10 USC §130b,(b)(6)

(continue o

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GI

middle; grade; rank; rate: hospital or medical facility)

DOCTOR'S ORDERS
MEDICAL RECORD

0735

STANDARD FOR 508 (REV. 2-84)
Prescribed by GSA/ICMR, HHMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/8/06 | |
| 1311 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| 5/8/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1315 | 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 proced |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nur |
| 5/8/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1400 | 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 1400. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the followir |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITM |

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES C
middle; grade; rank; rate; hospital or medical faci

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMS, FIRMR (41CFR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/8/06 | Left arm | 1311 | 1400 | Left leg | 1311 | 1400 |
| | Right arm | 1311 | 1400 | Right leg | 1311 | 1400 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 | IK | 1915 | | |
| 0130 | | | 0730 | | | 1330 | 17 | IK | 1930 | | |
| 0145 | | | 0745 | | | 1345 | 17 | IK | 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)

(b)(3):10 USC §130b

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 08MAY06 | (b)(2) |
| 1225 | Progress Note – Medical Staff |

Patient offered a meal but refused - enteral feeds as recommended. Voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee 5 new complaints.

Weight: 152.9 lbs (5/8/06)
Vitals: Temp: 97.7F HR: 80 /min RR: 16 /min BP: 115/68

EF Day #: 133
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation
☐ Change to following:

- Labs in am: CBC, Mg, Phos, CMP (q 2 wk labs)

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |

(b)(3):10 USC §130b,(b)(6)

(continue on

PATIENT'S IDENTIFICATION (FOR TYPED OR WRITTEN ENTRIES GIV middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. WARD NO.

DOCTOR'S ORDERS
MEDICAL RECORD

193A

STANDARD FORM 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/8/06 | |
| 0815 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | |
| | |
| 5/8/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0845 | 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. (b)(3):10 USC §130b,(b)(6) |
| | |
| 5/8/06 | **DISCONTINUATION OF RESTRA** [illegible] **FEEDING COMPLETE** |
| 0950 | 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 0950 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported th (b)(3):10 USC §130b,(b)(6) de. |
| | |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/8/06 | Left arm | 0815 | 0950 | Left leg | 0815 | 0950 |
| | Right arm | 0815 | 0950 | Right leg | 0815 | 0950 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 I K | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | 17 I K | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 17 I K | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 17 I K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 17 I K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 17 I K | | 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)

(b)(3):10 USC §130b,(b)(6)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 7MAY06 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Che | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(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.

DOCTOR'S ORDERS
MEDICAL RECORD

C93 PM
P

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.207-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 5/7/06<br>1350 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | |
| | |
| 5/7/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1438 | 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. |
| | (b)(3):10 USC §130b,(b)(6) |
| 5/7/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1517 | 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 1517. 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) |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 03 Jan 06 | Left arm | 1438 | 1517 | Left leg | 1438 | 1517 |
| | Right arm | 1438 | 1517 | Right leg | 1438 | 1517 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/12/J K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1/12/J K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 1/12/J K | | 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)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

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**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 7/11/06 0230 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

693 AM
A

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 07 May 06 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| 0800 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | |
| | |
| 07 May 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0854 | 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 [illegible] cations. |
| | (b)(3):10 USC §130b,(b)(6) |
| | |
| 07 May 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0936 | 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 0936. 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) |

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 509 (REV. 3-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

693
A

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 03 Sep 26 | Left arm | 0854 | 0936 | Left leg | 0854 | 0936 |
| | Right arm | 0854 | 0936 | Right leg | 0854 | 0936 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | (b)(3):10 USC §13 | | 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)

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NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

07MAY06 (b)(2)

1010 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended // voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints

Weight: 136.8 lbs (5/7/06)
Vitals: Temp: 97 F HR: 76 /min RR: 14 /min BP: 107/65

EF Day #: 132
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

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CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 06MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | FILED 1350 | | |

(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

STANDARD FORM 509 (REV. 3-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 4 May 06<br>1350 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 4 May 06<br>1343 | **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 procedu (b)(3):10 USC §130b,(b)(6) ions. |
| | GITMO Dr. / Nurs |
| 4 May 06<br>1422 | **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 1422. 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 re |

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

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P

NAVHOSPGTMO INST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| [illegible] | Left arm | 1343 | 1422 | Left leg | 1343 | 1422 |
| | Right arm | 1343 | 1422 | Right leg | 1343 | 1422 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | [illegible] | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | [illegible] | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | [illegible] | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)

Adenosograph

[illegible]

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 06MAR06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) MO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | 06 | | |

0800

(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

69.3 A

A

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| 11 May 06 | Detainee placed in restraints as per current Guard Force Protocol. |
| 0500 | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 11 May 06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0812 | 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 (b)(3):10 USC §130b,(b)(6) s. |
| | GITMO Dr. / Nurse |
| 11 May 06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0905 | 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 0905. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) episode. |
| | GITMO Nurse |
| | (continue on reve |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

GTMO JMG 1470

NAVHOSPGTMO INST 6570.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 4 May 06 | Left arm | 0512 | 0705 | Left leg | 0512 | 0705 |
| | Right arm | 0512 | 0705 | Right leg | 0512 | 0705 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | VIZI EIK | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | VIZI EIK | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | VIZI EIK | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | VIZI EIK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Aldrete score

GG 3

A

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |
|---|---|
| 06MAY06 | (b)(2) |
| | Progress Note – Medical Staff |
| 0900 | Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good. |
| | problems since since report or guard report |
| | Weight: lbs ( 157 ) (-5 lbs) |
| | Vitals: Temp: 98 F HR: 79 /min RR: 16 /min BP: 120/75 |
| | PE indicated today by MO. |
| | EF Day #: 131 |
| | Goal daily kcal: 2420 |
| | Received: 2 Cans Jevity 1.5 + 2 Cans Jevity 1.0 BID |
| | ☑ Compliant ☐ Non-compliant with enteral feeding ☑ Required medical restraints |
| | The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health. |
| | PLAN: ☑ Continue with current regimen ☐ Close medical observation |
| | ☑ Change to following: |
| | (b)(3):10 USC §130b,(b)(6) |
| | JTF GTMO Detention Hospital |

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/95)

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

05MAY06 (b)(2)

1630 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended / voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's oral complaints

Weight: 153.4 lbs (5/5/06)
Vitals: Temp: 97.1F HR: 96 /min RR: 14 /min BP: 107/70

EF Day #: 130
Goal daily kcal: 2420
Received:
2 cans Jenny 1.5 and 2 cans Jenny 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Defer interview + exam to next week.

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospital Dr.

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | (b)(3):10 USC §130b,(b)(6) | |
| | | | 5/5/06 14:15 | | |

(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

693P

STANDARD FOR 508 (REV. 3-84)
Prescribed by GSA/NSAR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/5/06 | |
| 1437 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nur |
| | |
| 5/5/06<br>1437 | **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 proced (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nu |
| 5/5/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1537 | 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 1537 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |

(continue on reve

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/5/06 | Left arm | 1437 | 1507 | Left leg | 1437 | 1507 |
| | Right arm | 1437 | 1507 | Right leg | 1437 | 1507 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 11 I K | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 11 I K | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 11 I K | | 2115 | | |
| 0330 | | | 0930 | | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | | | 1545 | | | 2145 | | |
| 0400 | | | 1000 | | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | | | 1630 | | | 2230 | | |
| 0645 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | 1130 | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3): 10 USC §130b

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

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693a

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 05 MAY 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO D | | |
| | | | | (b)(3):10 USC §130b,(b)(6) | |
| | | | 5/5/06 09 | | |

(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.

693A

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FORM 508 (REV. 3-84)
Prescribed by GSA/ICMR FIPMR (41 CFR) 201-3.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/5/06 | |
| 0954 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO N |
| | |
| 5/5/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0959 | 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 procedur (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/5/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1043 | 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 1043. Detainee had / did not have physical injury from the restraint |
| | (b)(3):10 USC §130b,(b)(6) |
| | episode. Detainee reported the following problems r |
| | 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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/5/06 | Left arm | 0957 | 1043 | Left leg | 0957 | 1043 |
| | Right arm | 0957 | 1043 | Right leg | 0957 | 1043 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 18 IK | | 1600 | | | 2200 | | |
| 0415 | | | 1015 | 17 18 IK | | 1615 | | | 2215 | | |
| 0430 | | | 1030 | 17 18 IK | | 1630 | | | 2230 | | |
| 0445 | | | 1045 | | | 1645 | | | 2245 | | |
| 0500 | | | 1100 | | | 1700 | | | 2300 | | |
| 0515 | | | 1115 | | | 1715 | | | 2315 | | |
| 0530 | | | | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Address copy pt

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 04 MAR 06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/4/06 | 14 | (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.

DOCTOR'S ORDERS
MEDICAL RECORD

653 P

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/4/06 | |
| 1440 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nurse |
| | |
| 5/4/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1444 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/4/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1524 | 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 1524. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on rev |

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CFR)

692 p

NAVHOSPGTMOINST 6320.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/4/04 | Left arm | 1440 | 1524 | Left leg | 1440 | 1524 |
| | Right arm | 1440 | 1524 | Right leg | 1440 | 1524 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 17 18 IK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 17 18 IK | | 2100 | | |
| 0315 | | | 0915 | | | 1515 | 17 18 IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

04MAY06

0930 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended & voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints

Weight: 152.9 lbs (5/4/06)
Vitals: Temp: 98 F HR: 89 /min RR: 24 /min BP: 120/83

EF Day #: 179
Goal daily kcal: 2420
Received:
2 cans Jevity 1.5 and 2 cans Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ observe weight and goal of 2420 kcal

(b)(3):10 USC §130b,(b)(6)

JTF GTMO Detention Hospit

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME | | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| START | STOP | | | | |
| 04MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | (b)(3):10 USC §130b,(b)(6) | |
| | | | Noted 5/4/06 07 | | |

(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

683A

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ CMR, FIRMR (41 CFR) 201-8.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/4/06 | |
| 0913 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nurse |
| | |
| 5/4/06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0917 | 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 sto (b)(3):10 USC §130b,(b)(6) |
| | insufflation and test dose of water. Successful procedu |
| | GITMO Dr. / Nurs |
| 5/4/06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1001 | 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 1001. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on reve |

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

PROGRESS NOTES
Medical Record

693a.

STANDARD FORM 509 (REV. 7-91)
Prescribed by OSD/ICMR, FIRMR (41 CFR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/4/06 | Left arm | 0913 | 1001 | Left leg | 0913 | 1001 |
| | Right arm | 0913 | 1001 | Right leg | 0913 | 1001 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1 7 10 I K | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 1 7 10 I K | | 1530 | | | 2130 | | |
| 0345 | | | 0945 | 1 7 10 I K | | 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 | | | | | | 1730 | | | 2330 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

Addressograph

693

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 03MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | 1515 | | |

(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

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 03 May 06<br>1415 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 03 May 06<br>1424 | **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 w (b)(3):10 USC §130b,(b)(6) ons. |
| | GITMO Dr. / Nurse |
| 03 May 06<br>1508 | **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 1503. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem (b)(3):10 USC §130b,(b)(6) ode. |
| | GITMO Nurse |
| | (continue on re |

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 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

6073
8

# RESTRAINT OBSERVATION SHEET

**U.S. Naval Hospital Guantanamo Bay, Cuba**

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 03 Sep 06 | Left arm | 1424 | 1505 | Left leg | 1424 | 1505 |
| | Right arm | 1424 | 1505 | Right leg | 1424 | 1505 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1/2/3/4 | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1/2/3/4 | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1/2/3/4 | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

Addressograph

G93 P

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

03MAY06 (b)(2)

1500 Progress Note - Medical Staff

Patient offered a meal but refused - enteral feeds as recommended ~~&~~ voluntarily accepted oral food. ~~Chart reviewed. Detainee~~ appears to be well hydrated. His condition is good.

Weight: 152.8 lbs (5/3/06) % IBW based on 02MAY06: 105.1%

Vitals: Temp: 98 F HR: 70 /min RR: 14 /min BP: 119/76

- Detainee's new complaints.

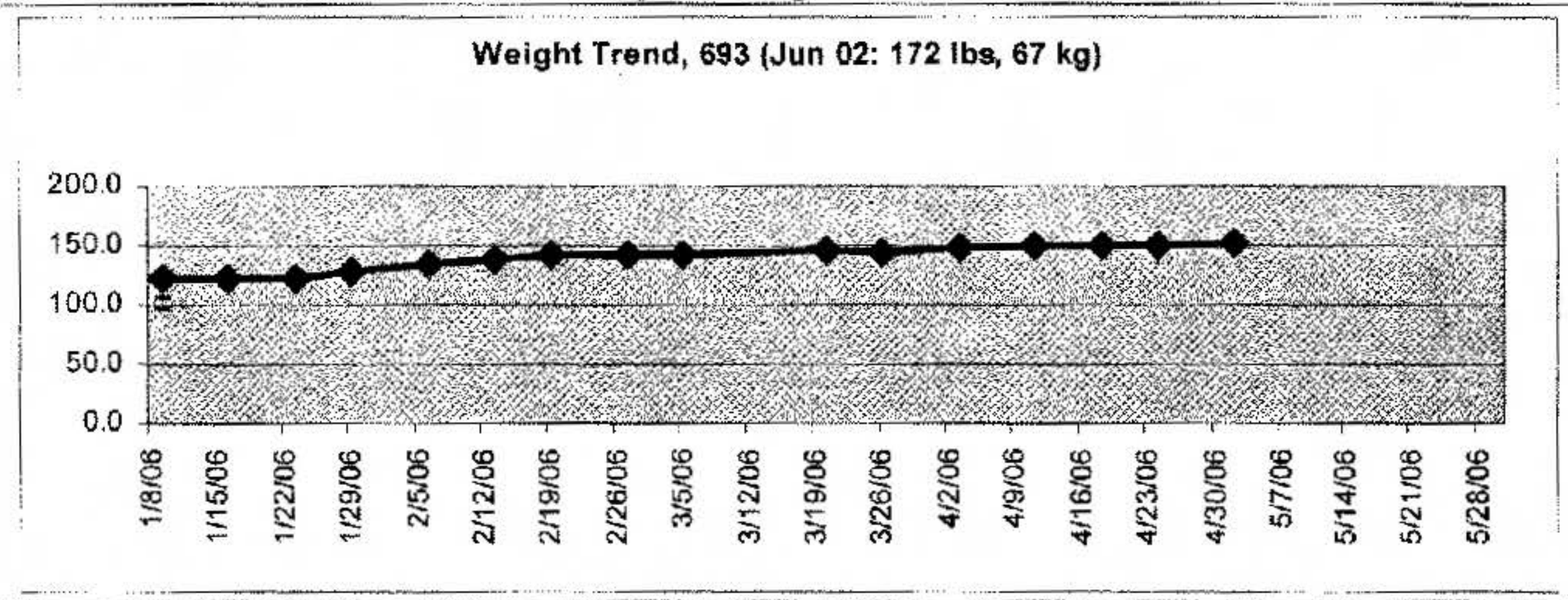
EF Day #: 128

Goal daily kcal: 2630

Received: 3 cans Jevity 1.5 + 1 can Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints

The intent of the medical staff to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.




PLAN: ☐ Continue with current regimen ☐ Close medical observation

☒ Change to following:

% 16oz carbonated ↑ : will ↓ kcals in diet. Will ↓ to 2 cans Jevity 1.5 & 2 cans Jevity 1.0 BID if resulted ↓ to ~ 2000 kcals per day.

JTF GTMO Detention Hospital (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/01)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 03MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0930 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/3/06 | | |

(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

613[illegible]

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 03 May 06<br>0800 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurs (b)(3):10 USC §130b,(b)(6) |
| | |
| 03 May 06<br>0806 | **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) |
| 03 May 06<br>0850 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| | Reason for Restraint was for medical necessity for feeding. Detainee has received his feeding |
| | and was released from restraints and returned to his cell in good condition. Detainee was |
| | released from restraints at 0850. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem: (b)(3):10 USC §130b,(b)(6) nt episode. |
| | GITMO Nurse |

(continue on reve

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 509 (REV. 7-91)
Prescribed by SSA/CMR, CIRMR (41CR)

673
4

NAVHOSPT GTMO NSF 6520/1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| [illegible] | Left arm | 0700 | 0550 | Left leg | 0700 | 0550 |
| | Right arm | 0700 | 0550 | Right leg | 0700 | 0550 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | [illegible] | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | [illegible] | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | [illegible] | | 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 | | |
| [illegible] | | | | | | 1745 | | | 2345 | | |

(b)(3): 10 USC §130b

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

b73

4

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 02-MAY-06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITM (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) GITMO D (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/2/06 1415 | | |

(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.

693F

DOCTOR'S ORDERS
MEDICAL RECORD

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 02 May 06<br>1937 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 02 May 06<br>1423 | **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. (b)(3 |
| | Patient tolerated the procedure well. Placement in stomach was confirmed by |
| | insufflation and test dose of water. Successful procedure without complications. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 02 May 06<br>1570 | **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 1570. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problem [illegible] ode. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on re[illegible] |

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

693

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 02 May 06 | Left arm | 1423 | 1510 | Left leg | 1423 | 1510 |
| | Right arm | 1423 | 1510 | Right leg | 1423 | 1510 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1(12) FIK | (b)(3):10 USC §130 | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1(12) FIK | | 2045 | | |
| 0300 | | | 0900 | | | 1500 | 1(12) FIK | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

02MAY06 (b)(2)

1200 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended & voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints ? whether he ate some Salad last p.m. Detainee adamantly denies any PO intake -

Weight: 152.9lbs (5/2/06)
Vitals: Temp: 98 F HR: 80 /min RR: 16 /min BP: 120/77

EF Day #: 127
Goal daily kcal: 2630
Received:
3 cans Jevity 1.5 + 1 can Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

→ Cont to offer daily meals. Encourage PO intake.

JTF GTMO Detention Hospital Dr (b)(3):10 USC §130b,(b)(6)

DETAINEE'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| 02MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | (b)(3):10 USC §130b,(b)(6) | | |
| | | | GITMO (b)(3):10 USC §130b,(b)(6) | | |
| | | | 5/2/06 0750 | | |

(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

673A

STANDARD FOR 508 (REV. 5-84)
Prescribed by CSA/OMB, FIRMR (41 CFR) 201-1.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| | |
| 02May 06 0750 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | |
| 02May06 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0805 | 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) |
| 02May06 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 0854 | 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 0854. Detainee ~~had~~ / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems related to the restraint episode. |
| | GITMO Nurse (b)(3):10 USC §130b,(b)(6) |
| | (continue on re |

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

PROGRESS NOTES
Medical Record

6093A

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 02 Sep 06 | Left arm | 0805 | 0854 | Left leg | 0805 | 0854 |
| | Right arm | 0805 | 0854 | Right leg | 0805 | 0854 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | WIZI FIK | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | WIZI FIK | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | WIZI FIK | | 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)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

Addressograph

(b)(3):10 USC §130

508-111 NSN 7540-00-634-4121

| MEDICAL RECORD | | | DOCTOR'S ORDERS (Sign all orders) | | |
|---|---|---|---|---|---|
| DATE AND TIME START | STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
| 01MAY06 | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 0730 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| | | | 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | | |
| | | | | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | | | |
| | | | GITMO Dr. (b)(3):10 USC §130b,(b)(6) | (b)(3):10 USC §130b,(b)(6) | |
| | | | Mtd 5/1/06 1700 | | |

(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

6935

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-8.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/1/04 | |
| 1404 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY - - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. (b)(3):10 USC §130b,(b)(6) |
| | |
| | GITMO Nurse |
| | |
| 5/1/04 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 1411 | 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 (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurse |
| 5/1/04 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER FEEDING COMPLETE** |
| 1457 | 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 1457 Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following proble (b)(3):10 USC §130b,(b)(6) le. |
| | GITMO Nurse |
| | (continue on r |

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

043 P

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41CR)

NAVHOSPGTMO/ST 6520.1 Series

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/1/06 | Left arm | 1404 | 1457 | Left leg | 1404 | 1457 |
| | Right arm | 1404 | 1457 | Right leg | 1404 | 1457 |

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

1. Line of sight
2. Beating or kicking door
3. Yelling or screaming
4. Cursing
5. Crying
6. Laughing
7. Talking
8. Mumbling incoherently
9. Standing
10. Walking or pacing
11. Lying down
12. Sitting
13. Quiet
14. Sleeping
15. Requesting release
16. Harmful to self
17. Threatening staff
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
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 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 (SF 509)

*Minimal Time Requirements

| 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 | 1712IK | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | 1712IK | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | 1712IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |
| | | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

Address/Label

653 P

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

| MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) JTF –JMG, Medical Department, Guantanamo Bay, Cuba |

(b)(2)

01MAY06

1225 Progress Note – Medical Staff

Patient offered a meal but refused - enteral feeds as recommended - voluntarily accepted oral food. Chart reviewed. Detainee appears to be well hydrated. His condition is good.

- Detainee's new complaints

Weight: 151.7 lbs (5/1/06)
Vitals: Temp: 98 F HR: 78 /min RR: 14 /min BP: 115/72

EF Day #: 126
Goal daily kcal: 2630
Received:
3 cans Jevity 1.5 + 1 can Jevity 1.0 BID

☒ Compliant ☐ Non-compliant with enteral feeding ☒ Required medical restraints
The detainee was informed that the intent of the medical staff is to safely and effectively maximize nutrition and hydration. The detainee was advised that continued hunger striking is hazardous to his health.

PLAN: ☒ Continue with current regimen ☐ Close medical observation

☐ Change to following:

JTF GTMO Detention Hospital

(b)(3):10 USC §130b,(b)(6)

DETAINEE 'S IDENTIFICATION NUMBER:

693

CHRONOLOGICAL RECORD OF MEDICAL CARE
MEDICAL RECORD
STANDARD FORM 600 (rev. 9/05)

508-111 NSN 7540-00-634-4121

**MEDICAL RECORD**

DOCTOR'S ORDERS
(Sign all orders)

| DATE AND TIME START | DATE AND TIME STOP | RX | DRUG ORDERS | DOCTOR'S SIGNATURE | NURSE'S SIGNATURE |
|---|---|---|---|---|---|
| | | | **RESTRAINT INITIATION ORDERS FOR MEDICAL NECESSITY FOR FEEDING** | | |
| 1 MAY 06 | | | Place Detainee in restraints as per current Guard Force Protocol | | |
| 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 minutes for the first hour and then every hour | | |
| | | | Offer restroom and fluids every 2 hours | | |
| | | | Initiate Restraint Observation Checklist | | |
| | | | GITMO | | |
| | | | **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. | | |
| | | | The Detainee is informed that medical restraints will not be necessary | | |
| | | | if he chooses to eat. | | |
| | | | GITMO | | |
| | | | 5/1/06 0943 | | |

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(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.

DOCTOR'S ORDERS
MEDICAL RECORD

693A

STANDARD FOR 508 (REV. 3-94)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

| MEDICAL RECORD<br>DATE AND TIME | PROGRESS NOTES<br>(Sign all orders) |
|---|---|
| 5/1/04 | |
| 0853 | **INITIATION OF RESTRAINTS FOR MEDICAL NECESSITY- - NURSING NOTE** |
| | Detainee placed in restraints as per current Guard Force Protocol. |
| | 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. |
| | The Detainee is informed that medical restraints will not be necessary |
| | if he chooses to eat. |
| | (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | |
| 5/1/04 | **PROCEDURE NOTE: INSERTION OF FEEDING TUBE** |
| 0857 | 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 procedu (b)(3):10 USC §130b,(b)(6) |
| | GITMO Dr. / Nurs |
| 5/1/04 | **DISCONTINUATION OF RESTRAINTS NOTE AFTER** |
| 0940 | 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 0940. Detainee had / did not have physical injury from the restraint |
| | episode. Detainee reported the following problems (b)(3):10 USC §130b,(b)(6) |
| | GITMO Nurse |
| | (continue on rever |

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

PROGRESS NOTES
Medical Record

0938

STANDARD FORM 509 (REV. 7-81)
Prescribed by GSA/ICMR FIRMR (41CR)

# RESTRAINT OBSERVATION SHEET

## U.S. Naval Hospital Guantanamo Bay, Cuba

| Date: | Limb Restrained: | Time In: | Time Out: | Limb Restrained: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 5/1/06 | Left arm | 0853 | 0940 | Left leg | 0853 | 0940 |
| | Right arm | 0853 | 0940 | Right leg | 0853 | 0940 |

**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. Standing | 15. Requesting release | 21. Destructive Behavior |
| 4. Cursing | 10. Walking or pacing | 16. Harmful to self | 22. Disrobing |
| 5. Crying | 11. Lying down | 17. Threatening staff | 23. Urinating/defecating on floor |
| 6. Laughing | 12. Sitting | 18. Assaultive | 24. Other: See Notes (SF 509) |

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

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

| Time | Code | Initials | Time | Code | Initials | Time | Code | Initials | Time | Code | Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 0000 | | | 0600 | | | 1200 | | | 1800 | | |
| 0015 | | | 0615 | | | 1215 | | | 1815 | | |
| 0030 | | | 0630 | | | 1230 | | | 1830 | | |
| 0045 | | | 0645 | | | 1245 | | | 1845 | | |
| 0100 | | | 0700 | | | 1300 | | | 1900 | | |
| 0115 | | | 0715 | | | 1315 | | | 1915 | | |
| 0130 | | | 0730 | | | 1330 | | | 1930 | | |
| 0145 | | | 0745 | | | 1345 | | | 1945 | | |
| 0200 | | | 0800 | | | 1400 | | | 2000 | | |
| 0215 | | | 0815 | | | 1415 | | | 2015 | | |
| 0230 | | | 0830 | | | 1430 | | | 2030 | | |
| 0245 | | | 0845 | | | 1445 | | | 2045 | | |
| 0300 | | | 0900 | 17 18 IK | | 1500 | | | 2100 | | |
| 0315 | | | 0915 | 17 18 IK | | 1515 | | | 2115 | | |
| 0330 | | | 0930 | 17 18 IK | | 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 | | |
| | | | | | | 1745 | | | 2345 | | |

(b)(3):10 USC §130b,(b)(6)

| Signature | Initials | Signature | Initials |
|---|---|---|---|
| | | | |

(b)(3):10 USC §130b,(b)(6)