

DETAINEE HOSPITAL GUANTANAMO BAY, CUBA	SOP NO: 029
Title: NURSING	Page 1 of 14 Effective Date: 03 Oct 03
SCOPE: Detention Hospital	

I. PURPOSE:

To provide Nursing staff with guidelines to assist with the nursing care provided at Camp Delta. The in-depth Nursing Procedures manual for Camp Delta is the Lippincott Manual of Nursing Practice (7th Edition) kept at the nurse's station at the Detention Hospital and Delta Clinic. Consult this resource for review of nursing procedures. Additional nursing resources are available at Naval Hospital, GTMO.

II. NURSING DUTIES AND RESPONSIBILITIES:

- Coordinate and administer patient care activities.
- Facilitate all steps in the medical in-processing of detainees including, CHCS registration, ordering of lab and radiological studies, set up of medical records.
- Ensure that all medical contacts (in-processing, follow up, sick call, and cell visits) are entered in the SITREP Log.
- Enter Walk-in Appointments, for every detainee clinic and cell visit (except medication rounds).
- Coordinate the movement of detainees into and out of the medical compound for evaluation, follow up and sick call visits with Escort Control at the Camp Delta Detainee Operations Center (DOC).
- Oversee the daily assignments of the Hospital Corpsmen; Provide nursing care oversight, ensure safety and accountability at all times.
- Update the pass down log for oncoming shifts to ensure that pertinent information is passed.
- Provide quality-nursing care to detainees admitted to the Detention Hospital.
- Perform triage, physical assessments, i.e. vital signs, neuro-vascular checks and assessment of pain and skin breakdown.
- Administer scheduled and PRN medication as ordered.
- Supervise the administration of medications by hospital corpsmen.
- Co-sign every Medication Administration Record transcribed by the corps staff.
- Administer treatments such as dressing changes, etc.
- Transcribe physician orders for all outpatients and in-patient.
- Verify order transcription via daily chart verification (q 24 hour chart review) after 2400 each day.
- Obtain a current detainee Alpha roster from DOC after 2400 each day.
- Ensure all procedures and findings are documented on appropriate forms.

- Co-sign all corps staff medical record entries.
- Supervise Hospital Corpsmen assigned to Camp Delta.
- Ensure monthly weights are completed on all detainees on the first of every month. Document monthly weights in the detainee's medical record. Additionally all detainees that are determined to be malnourished are weighed on the fifteenth of the month.
- Complete daily SITREP report and the 24-hour clinic report daily. Deliver one copy to the Detention Hospital Admin staff and second copy to DNS each morning before 0800.
- Complete Vulnerability Assessment for clinical area (DH, Delta Clinic and DACU) each shift.

The Following sections are designed to assist new personnel in performing nursing duties and responsibilities in a safe and effective manner.

DETAINEE IN-PROCESSING (Review In-processing Manual)

Prior to Detainee Arrival

- The Delta Clinic Division Officer (DO) is designated as the Point of Contact (POC) for all in processing issues at the Camp Delta Clinic. The Leading Petty Officer (LPO) is designated as the back up POC in the absence of the DO.
- Upon notification of incoming detainees, the DO will contact the S1 at the Joint Detainee Operations Group (JDOG). The DO will request a list or manifest with the names and ISN numbers for the new detainees. (Note: this information classified Secret).
- The DO or a designee will register each new detainee in the CHCS system following the step-by-step procedure found in the Nursing SOP for Camp Delta Medical Clinic. Each detainee will be registered using the ISN number as a social security number.
- After doing the mini registration in CHCS, enter the set of standing in-processing doctors order for each new detainee. The SMO will be entered as the ordering physician. The labs are ordered as part of an Order Set labeled 'Detainee Orders' which contains the following individual orders:
 1. Hepatitis B Surface Antigen
 2. Hepatitis C Virus
 3. HIV
 4. Hepatitis A Antibody
 5. Hepatitis Core Antibody,
 6. Hepatitis B Surface Antibody Titer
 7. Radiograph, Chest PA
 8. Mefloquine 250 mg PO, 3 tabs at in processing and 2 tabs at 0600 the next day
 10. Albendazole 200 mg PO, 2 tabs at time of in processing
- The Detention Hospital Lab Tech will accession all lab orders and pre-print lab labels.
- A new medical record will be established for each new detainee at the in processing initial medical screening. See the In-processing Manual and Camp Delta Nursing SOP for medical chart organization.

- Place a tracking checklist on top of each chart.

Physical set up for the detainee in processing : Refer to In-processing manual

- Set up three to four phlebotomy stations.
- Set up three to four physical exam rooms.
- Place a small white board with the list of new detainee numbers in the admin office for tracking of chest films and medical issues (NAD means no active disease/TB).

Det #	Done	Read
8888	Yes	NAD

- Set up each exam room with a thermometer, BP cuff, stethoscope, reflex hammer, otoscope/ophthalmoscope, unsterile gloves, surgi lube, dressing material, and bacitracin ointment.
- The Lab techs and Pharmacy techs will work in the pharmacy/lab room.
- The Pharmacy tech will ensure adequate supply of medications are on hand for in processing and will dispense Albendazole and the mefloquine for each detainee.
- The Lab tech will remain in the pharmacy/lab room to process collected specimens, assist with venipunctures and connect to the Portsmouth Naval Hospital lab via the Internet.
- In processing stations are:
 - 1) Check in , ID verification, Medical Record Issue
 - 2) Chest x-ray
 - 3) Phlebotomy, medication, immunizations & history taking station (include key mental health screening questions)
 - 4) Physical Exam room
 - 5) Height and weight
 - 6) Record and order review, Quality Assurance station.

The sequence of medical in processing flows as follows:

1. Detainee enters medical section of building from Army in-processing side accompanied by 2 MP's and a linguist. Detainee will continue to wear surgical face mask through out the medical processing stations (as TB protection for staff) until chest radiograph cleared by radiologist.
2. Verify detainee ID wristband and issue/ initiate medical record only after ID band verified.

IMPORTANT: To facilitate the final medical processing QA , each station will check off their section of the tracking sheet attached to the front of the medical record once the detainee has completed the station.

3. Chest radiograph.
4. Phlebotomy, 6 tubes of blood are required, 3 marble/red top (may substitute green, or yellow), 1 HIV, 1 lavender and 1 yellow serum tube.
5. A brief history of past and current illness, injuries, allergies, medications and mental health screening questionnaire is taken at the phlebotomy station.
6. Detainee is taken to an exam room for his physical exam.

7. Vitals are done & medications are given (Mefloquine, Albendazole) before the detainee leaves the exam room.
8. Tetanus and influenza vaccines are administered and PPD placed on forearm
9. Height and weight taken and recorded (BMI calculated later).
10. Radiologist reads chest x-ray before detainee leaves the building and if 'No Active Disease' (NAD) noted surgical face mask may be removed and disposed of. Also remove the scopolamine patch from behind ear (used to prevent airsickness during transit).
11. Perform quality assurance check on medical record. Verify that the detainee has stopped at each station, by checking the tracking sheet, before allowing the detainee's departure.
12. Detainee leaves the building through the medical side exit escorted by 2 MP's.

Personnel requirements:

- 1 HM to check in detainee, verify ID band, and initiate/issue medical record
- 3-4 Physicians (for physical exams, this is the most time consuming section of medical processing)
- 1 Radiologist to review and read chest films (will be brought in TAD for event).
- 3-4 History takers /3-4 phlebotomists (not the lab techs)
- 2 lab techs (1 to process specimens, 1 for computer access to NMC Portsmouth)
- 2 Radiological techs (1 processes while the other shoots)
- 1 HM for Height and weight station
- 1-2 pharmacy techs to dispense the medications
- 1 HM to arrange for transport in the event of an admission to Detention Hospital
- 1 HM to perform medical record QA and compile consult list.

After detainee in-processing is completed:

- All new detainees will be added to the 0600 medication pass for their second dose of mefloquine.
- All new records are screened for active issues, follow-ups, additional labs, and consults.
- Any additional orders are taken and signed off by the nurse on duty.
- Verify all orders are entered in CHCS.
- All BMIs are calculated and entered into the medical record and in the weight management database.
- Any detainee with a BMI of less than 20 will be added to the Weight Program for weekly weight checks and will receive Ensure supplements TID.
- All detainees in processed will be added to the sitrep log as a new visit, entered in CHCS as a walk in appointment, the End of Day and the ADS completed.

DETAINEE OUT-PROCESSING

When a detainee is transferred off the island the Senior Medical Officer will ensure the completion of : a physical exam and medical summary, personal medical history sheet (in English & native language) and Southwest Asia Disease Information sheet (in English and Native language). These forms are forwarded in the medical package to the JTF Surgeon's office via the OIC. The original medical record is delivered to the DH Patient Admin for processing then forwarded to JTF Surgeon's office for archiving.

Cell Visits and Treatment (Emergent & Routine)

When Medical receives a call from the cell blocks or DOC that a detainee is acutely ill or has other sudden or emergent medical problem, a nurse, if available, or copsmen will take a "Jump Bag" (located in the supply room) and go to the detainee's unit and assess the need of medical treatment. This includes subjective and objective data analysis. (b)(2)

(b)(2)

Routine sick call may be conducted in the cellblocks by the assigned copsmen. Each copsmen will have with them the minimal sick call equipment and standard order medications when making rounds in their assigned blocks. They will document every patient encounter in the patient's chart on the Progress notes in SOAP format. The exception to this is when standard order medications are administered in the cellblocks, and then it is documented only in the patient's MAR.

In any case mentioned above, the SITREP Log and database must be filled out (Enclosures 6 and 7). A walk in appointment should be generated in CHCS per Enclosure 4 and a SOAP note must be written in the nursing note section of the patient's chart. This note will contain the chief complaint, subjective and objective data collected, analysis or problem identified, treatment given if any and plan of follow up care. All cell visits should be reported to the duty medical provider. **Once the walk in appointment is completed, entering the ADS data per enclosure 5 will complete the visit.**

The same documentation is required for scheduled cell visits for treatments such as wound care. Remember when in doubt chart it.

Tuberculosis Protocol and Documentation

All detainees will receive a chest x-ray and a PPD skin test during in-processing. The PPD will be administered in the left forearm. The documentation for detainees receiving a PPD is as follows: record the PPD on the second page of the Record of Immunization (SF 601). Ensure the date given and person who placed the PPD is charted. The PPD is read for results in 48 to 72 hours, it must be properly read by measuring area of redness and or induration. Documents results of the reading in millimeters on the SF 601.

All detainees presenting with a suspicious chest x-ray and/or other signs and symptoms of TB (persistent cough, bloody sputum, fevers, weight loss) will be placed in respiratory isolation in a laminar flow room at the Detention Hospital or if both respiratory isolation rooms at the Detention Hospital are occupied they will be admitted to the DACU or Respiratory Isolation Tent. All Respiratory isolation rooms will be tested by the Preventive Medicine Department (smoke test) prior to use and intermittently while in use. Detainees placed in respiratory isolation will have **three consecutive morning sputum samples collected for AFB smears**. Please note that in the collection of this sputum, the detainees must produce the sample by coughing. Production of saliva is not acceptable for this test (refer to sputum collection instructions posted in Detention Hospital, consult with assigned Respiratory Therapy tech if sputum induction is required).

SITREP Log

The SITREP log is the primary record of all patient interactions with medical staff. It is crucial that every patient interaction, sick call, follow-up, dressing change, or any other

interaction (other than passing scheduled medications) be recorded. This provides an accurate account of patient care and workload. Once the log is filled out (example in enclosure 6), the data must be entered into the SITREP database. This is used to permanently track the number of interactions and can be used to show trends in detainee interactions with medical staff. To fill out this database, utilize enclosure 7.

Corpsman Duties and Responsibilities

During the daily operations, corpsmen shall be responsible for passing detainee medications under the supervision of an RN, performing field assessments and relaying findings to the duty nurse and provider. The duty nurse and provider will determine care priorities and "triage" the sick call requests for the day.

Corpsmen assigned to work the day shift will have specific blocks assigned to them. Each HM will be responsible for all the medical issues within their assigned blocks including dressing changes, sick call, medication passes, & weights. All corps staff must be competent at passing medications as evidenced by the successful completion of the Medication Administration Qualifications. No corpsmen will be allowed to pass medications until properly trained by the medication training RN. Remain cognizant of the seven rights of medication administration:

RIGHT PATIENT, RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE, RIGHT TIME, RIGHT DOCUMENTATION AND RIGHT PERSON PASSING MEDICATIONS.

Corps staff must not pass any medication they are not familiar with. They should know what the medication is, what it is used for, the proper dosing, and be knowledgeable of possible interactions, incompatibilities, side effects and adverse reactions.

If at any time a corpsman is not familiar with an assigned procedure or task he or she is expected to request the appropriate training from the nurse or provider before attempting.

Proper documentation is required for any detainee interaction. Be sure to enter why the interaction occurred, the subjective and objective findings made, the name of the provider notified of the interaction, the treatment administered if any and the response to the treatment. This documentation should be made in a SOAP format on the detainee's Progress Notes (SF509). Ensure that a medical provider or RN co-signs all entries. **DO NOT FORGET TO DOCUMENT PAIN ASSESSMENT.** Log all patient visits into the SITREP Log and as well as the SITREP Database.

24-Hour Medical Record Review and Daily SITREP Report

In order to prevent the inadvertent omission of orders transcribed to the Patient MAR, The night nurse will conduct a medical record review of all detainees seen at Camp Delta Clinic in the preceding 24-hour period. For all new orders, pull the MAR and ensure that all orders were transcribed correctly. Once completed, the nurse will write "CHART VERIFIED" below the last order entry and draw a horizontal line below the entry with a highlighter. Also verify the detainee's current cell location on the front of the chart and MAR with the daily updated Alpha Roster obtained from DOC (do this in pencil). New Alpha rosters are picked up from DOC each am, place previous day's Alpha roster in a Burn Bag for proper disposal.

Once the night nurse has verified all records, complete the daily SITREP report. To do this, utilize enclosure 11 and provided hard copy to: Senior Nurse, the Admin Chief by 0700 each morning (needed to complete JTF SITREP to SOUTHCOM).

Appointments and Follow-ups

Each morning the night shift Charge Nurse will pass down in report a list of detainees scheduled for follow up for that day. The detainees requesting sick call will be identified by block NCOs on the block sick call list entered via DIMS. The DOC will provide the block sick call lists to Delta Clinic prior to AM clinic. The lists is triaged by the RN and/or Provider on duty to determine patient care priorities. To aid in this process, pull the charts for those detainees that will be seen. All medical clinic or in the cell visits will have walk-in appointments booked through CHCS. To do this follow enclosure 4 and in the Reason for appointment area write in what the detainee was being seen for. Again make sure these visits are logged in the SITREP Database and CHCS per enclosures 7 and 4 respectively. After the appointment complete CHCS entry showing the result of the appointment and diagnosis ICD9 data (utilize enclosure 5.)

Every detainee clinic visit should have a set of vital signs taken (blood pressure, pulse, respiratory rate, temperature, pain assessment, and a pulse oximetry reading when indicated). Document vital signs on the SF509 filed on the right side of the record.

Transfers to Detention Hospital

Delta Medical Officer's have admitting privileges at both Detention Hospital and to the DACU at Naval Hospital GTMO. (b)(2)

(b)(2)

Hunger / Thirst Strikes (refer to complete Hunger strike SOP)

In the event of a detainee hunger / thirst strike, DOC will notify medical when a detainee has refused hydration for (b)(2) or has not eaten in (b)(2). Otherwise, medical will be notified as detainees become symptomatic secondary to dehydration or starvation. (dizziness, lethargy, syncope or near-syncope episode, or inability to ambulate). In either case above, the detainee is brought to medical for medical screening. This screening includes a physical exam by a medical provider per Hunger and/or Thirst Strike Medical Evaluation Sheet (Enclosure 22). A Hunger / Thirst Strike Medical Flow Sheet (Enclosure 23) is also established. This form is used to document heart rate, mental status, status of detainee's eating / drinking, urinary output and weight. The detainee is educated on the risk of starvation / dehydration per enclosure 24. Note that this sheet is in English and a translator may be required. If after being educated on the risks of the hunger / thirst strike, the detainee still refuses to eat and/or drink, the detainee will be asked to sign the Refusal to Accept Food or Water/Fluids as Medical Treatment form (Enclosure 25) file in the SF 509 section of the detainee's medical record. Reassessment is performed every 24 hours.

Outpatient Medical Record

Medical record keeping and documentation of care delivered are important elements of the detainee medical mission.

Medical Records

It is recommended that forty pre-made records be kept readily available for processing new detainees.

To compile a new record (a go-by record is available in the file cabinet)

Obtain a new record jacket (located in the file cabinet)

The left side of the record shall have the following forms arranged from bottom to Top:

RECORD OF IMMUNIZATION (SF601 PAGE 2)

RECORD OF IMMUNIZATION (SF601 PAGE 1)

WEIGHT REGISTER (DD 2644)

STANDING ORDERS FOR DETAINEES

DOCTORS ORDERS (SF508)

PROBLEM SUMMARY LIST (NAVMED 6150/20)

c. The right side of the record shall have the following forms arranged from bottom to top:

REPORT OF MEDICAL EXAMINATION (SF88)

REPORT OF MEDICAL EXAMINATION (SF88 BACK PAGE)

*Note that this form has been altered with preprinted question for the TB protocol on the right side middle of the page.

REPORT OF MEDICAL EXAMINATION (SF88 PAGE 1)

INITIAL MEDICAL PROCESSING SCREENING

PROGRESS NOTES (SF509)

In addition to the basic record requirements, A **MEDICATION ADMINISTRATION Record (MAR)**, and a **DETAINEE CUSTODY FORM (DA4237 Page 2)** shall be placed loosely in the center of the record. These forms will be completed during in-processing and filed in a separate location. The MAR will be filed in the MAR Book located by the medication lockers (The MARs are filed by cell block). The Detainee Custody Forms are collected after in-processing and turned in to the Army's in-processing office at the other end of the medical clinic.

Laboratory and Radiology Studies

Any printed out laboratory or radiological study results shall be filed behind the SF88 on the right hand side of the record. In the event a detainee has previously been admitted to the DACU, or Detention Hospital, copies of the detainee's inpatient record shall be filed on the right hand side of the detainee's outpatient record behind the laboratory results.

Transcribing Doctors Orders

Due to the high volume of detainees and the various treatment plans involved, accuracy in transcribing Doctors Orders is a critical element. Refer to Enclosures 9, 10A, and 10B for the transcribing of doctors orders onto the MAR (NAVMED 6550/8) and Enclosures 9. Please note that all orders should be initialed line for line on the Doctors order sheet (SF508) as noted to ensure no order is missed.

When taking off orders for medication, the order must be complete and include the medication name, dose, route, frequency and the period of treatment in number of days. Schedule any needed follow up appointments in the appointment book "To Be Done Book".

Physicians will place new orders in the 'New Orders' slot. The RN will read each order and carry it out before signing it off. All orders will be verified to be in CHCS when appropriate, i.e. labs, medications, radiological studies, etc. Any thing that goes in the 'To be done' book will be written in it by the nurse taking of the orders, i.e. follow up appointments, dental consults, optometry consults, labs to be drawn, etc.

A. Medication Administration Record (MAR)

The Medication Administration Record (MAR) is used to document the administration of all scheduled, PRN and one-time medications. To transcribe orders to this form from Doctors Orders (SF 508) utilize Enclosures 9, 10A, and 10B.

Enclosure 10A Section A is to be used to document scheduled medications. Ensure that the order date is filled out. This section should have the medication name, dose, route, frequency and treatment duration. If more than one medication is ordered, Draw a red line between each medication. When transcribing a MAR for the continuation of a medication, review the original order to verify transcription is correct. Never will a MAR be transcribed from another MAR without verifying the original order.

To ensure continuity of medication times the following frequency times are suggested to be used when transcribing orders to the Patient Profile and MAR:

TIMES TO BE GIVEN CAMP 4, Alpha block have specific times (see addendum)

QD	0600
BID	0600 AND 1800
TID	0600, 1400, 2200
QID	0600, 1200, 1800, 2200
Q4	0400, 0800, 1200, 1600, 2000, 2400
Q6	0600, 1200, 1800, 2400
Q8	0800, 1600, 2400
QAM	0600
QPM	1800
QHS	2200
QAC	0700, 1100, 1700

NOTE MEDICATIONS THAT ARE PRONE TO CAUSE GI UPSET SHOULD BE GIVEN WITH FOOD. SCHEDULE ACCORDINGLY. Meals are delivered to detainees at 0800, 1200, and 2000.

MAR section B is to be completed by each person who delivers any medication to the patient. If the signature is not legible, print the name to the right side of the block.

MAR section C is to have the detainee's name and pseudo social security number. (D.JTF0***** on top, 888-0*-***** on the bottom).

MAR section D is used to document one time medication. Be sure to date and time this section upon completion of administering medication. As with section A, place a red line between each order.

MAR section E is used to Document PRN medication. In addition to completing the appropriate boxes in this section, a nursing note should be written to document the effects of the medication such as pain level decrease.

MEDICATIONS GIVEN BY THE IM OR SQ ROUTE IS ALSO DOCUMENTED IN THE MEDICAL RECORD WITH LOCATION OF THE INJECTION, PATIENT RESPONSE AND ANY ADVERSE REACTIONS.

Note: If the patient is in the clinic and the provider orders a one-time dose of medication, it can be documented on the SF 600. This will alleviate transcribing the order to a MAR.

Narcotics

Narcotic inventory is completed at each shift change. Professional nurses will account for and sign that all narcotics are present on Narcotic and Controlled Drug Inventory – 24 hour (NAVMEED 6710/4). Each time a narcotic is used it will be logged out on the appropriate Narcotic and Controlled Drug Record (NAVMEED 6710/1). In cases where only a partial dose is needed, annotate the drug, amount given, the amount wasted and the detainee's identification number on the back of the 6710/1.

III. Administrative Notes

A. Supplies

Supplies are ordered through the designated supply Petty Officer. Each shift leader is responsible for ensuring that required supplies are ordered and picked up in a timely fashion. The Leading Petty Officer is responsible to train all personnel regarding the supply ordering and tracking process. Further information about supplies can be found in the Detention Hospital Supply SOP.

B. Labs

Procedure for Procuring and Submitting Lab Specimens

1. Verify orders are in CHCS *before* going out to cell blocks to collect specimens.
2. Collect all supplies, take out to cell, and collect specimen using proper technique.
3. While still at cell, label specimen with Det. # and date/time (**time must be accurate**).
4. Upon return to clinic spin down all yellow & tiger top tubes 10 minutes @ highest speed.
5. Label all specimens (save unused left over labels and take to lab @ FH with specimens).
6. Log in all specimens (**complete all sections of log**).
7. Notify Lab tech of specimens.
8. If after hours, place specimens in designated lab refrigerator. Inform lab tech of all specimens placed in the refrigerator page lab tech if specimen in a "stat". Page duty driver to courier specimen to NH GTMO lab so that tech can perform needed test.

LAB KEYS FLOW CHART

Use this sequence ONLY when the labs have not been ordered and ONLY if drawing the lab immediately, preferably in the clinic.

- Do the ?? to get to the menu that allows you to choose LAB
- LAB
- shift ^OLG
- Enter patient's name
- Requesting Location (Enter Camp Delta, select #3 for Primary Care)
- Action: (select N for new orders)
- Select HCP: (enter doctor requesting the test)
- Order origin: (select H for handwritten orders)
- Order set: (default is NO just hit enter)
- Date/time: (enter N for now or enter correct date & time)
- Collection Method: (enter W for ward/clinic collection)
- Collection Priority: (default is ROUTINE just hit enter)
- Processing Priority: (default is ROUTINE just hit enter)
- Order comment: (at this time enter any comments that you would like to add or just hit enter)
- Select test: (enter test to be ordered, once done just hit enter to exit screen)
- Action: (enter Q to quit and activate the orders)
- Hit enter until you get to the printer prompt: Enter delta-lab and you are done.

When labs are ordered & you only want labels: (should be most common one used)

- Lab
- shift ^LGO
- Enter Detainee number
- (all lab orders will come up) select tests you want labels for
- Enter
- Type date & time of collection , example: 24May@1310 (important that the time be accurate)
- Type comment if needed, if not, just enter
- Type Delta-lab for printer selection

If you have to re-print labels:

- Lab
- shift ^PLI
- Enter Detainee number
- Enter (default for today)
- type in an earlier date (ex. 22may2002)
- Enter (highlight should be at 'go')
- Find labs you want labels for & copy down Accession area (letters) & accession number
- Move highlight to 'exit'
- Move highlight to 'exit' a second time
- Shift ^RSL
- At 'Accession area- type in the 2 or 3 letter code
- At "accession number" type in the number
- Type in Delta-lab for printer

C. Pharmacy

When a provider writes an order for a medication they will simultaneously enter the order into CHCS. Nurses will verify CHCS order entered when transcribing orders. It can take up to 1600 the following day for routine medications to be delivered from Naval Hospital GTMO to the clinic, so if the order is to start immediately, or the order is STAT page the Detention Hospital Pharmacy Technician.

Note: Floor stock can be ordered by calling the Detention Hospital Pharmacy Tech. Also, a daily 'Not in Stock' (NIS) list is to be generated by clinic staff and given to the Pharmacy Tech for action and follow up.

Listing of Enclosures

Medical Record Jacket Front Cover.....	Enclosure 1
Go-By For Utilizing Mini-registration Into CHCS.....	Enclosure 2
How To Order Detainee Order Set (In-Processing).....	Enclosure 3
How To Enter A Walk-In Appointment Into CHCS.....	Enclosure 4
ADS Entry Into CHCS.....	Enclosure 5
SITREP Log.....	Enclosure 6
SITREP Database Entry.....	Enclosure 7
Doctors Orders.....	Enclosure 8
MAR (Front).....	Enclosure
9A	
MAR (Back).....	Enclosure 9B
Patient Profile (Front).....	Enclosure
10A	
Patient Profile (Back).....	Enclosure
10B	
How To Enter SITREP Report.....	Enclosure 11
How To Run A Batch Report From CHCS.....	Enclosure 12
Lab Request Utilizing CHCS.....	Enclosure 13
Ordering Radiological Studies Utilizing CHCS.....	Enclosure 14
How To Review Clinical Results Utilizing CHCS.....	Enclosure 15
Reviewing Laboratory Results Utilizing CHCS.....	Enclosure 16
Reviewing Radiology Reports Utilizing CHCS.....	Enclosure 17
Viewing Medication Profiles Utilizing CHCS.....	Enclosure 18
How To Run CHCS Workload Report.....	Enclosure 19
Radio Protocol.....	Enclosure 20
Infirmery Safety Check List.....	Enclosure 21
Hunger And / Or Thirst Strike Medical Evaluation Sheet.....	Enclosure 22
Hunger / Thirst Strike Medical Flow Sheet.....	Enclosure 23
Starvation / Dehydration Information Handout.....	Enclosure 24
Refusal To Accept Food Or Water / Fluids As Medical Treatment Form.....	Enclosure 25
Laboratory Test/Tube Color List.....	Enclosure

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:	
_____ Officer In Charge	_____ Date
IMPLEMENTED BY:	
_____ Director for Administration	_____ Date
_____ Senior Enlisted Advisor	_____ Date
ANNUAL REVIEW LOG:	
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
SOP REVISION LOG:	
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
ENTIRE SOP SUPERSEDED BY:	
Title: _____	
SOP NO: _____	Date: _____