DETAINEE HOSPITAL GUANTANAMO BAY, CUBA Title: IN-PROCESSING MEDICAL EVALUATION	SOP NO: 637 Page 1 of 4 Effective Date: 24 Sep 03
SCOPE: Detention Hospital	

Encl: (1) In-processing Order Sheet
(2) Report of Medical Examination

I. BACKGROUND. Detainees arrive from highly endemic areas for infectious diseases including tuberculosis, malaria, and parasitic infections. This section provides a detailed description of the medical screening and treatment for incoming detainees.

II. POLICY. Treatment and care provided will be humane and will follow the guidelines provided by the articles of the Geneva Convention. Specifically, each detainee will undergo screening and treatment for diseases common to the Middle East region.

III. GENERAL PROCEDURES:

A. Upon arrival to Camp Delta, each detainee will be searched, showered, and administratively processed. Hair may or may not have been cut prior to transfer to Guantanamo Bay, thus a hair inspection for lice will be completed. Treatment for cutaneous infestations will be administered as needed. Clothing, which has been pre-treated with permethrin, will be issued.

B. Each detainee will be brought into the medical clinic individually accompanied by a security force escort team. The specific order of detainees will be based on triage performed prior to administrative in processing. Detainees will be placed in a higher triage category if their condition deteriorates prior to arrival at medical.

C. The detainee will receive a pre-made medical record with the following forms: Report of Medical Examination (*see enclosure 1*), SF 88, SF 508, SF 600, SF 601, SF 603, DA 2664-R, NAVMED 6150/20, and DA Form 4237-R. A CHCS medical record number will be assigned beginning with 888-0X-XXXX. The name will be recorded as D, JTFXXXXX. The patient category will be K66.

D. A history and physical examination will be recorded on the Report of Medical Examination on enclosure (1). The physical exam serves both as a general screening exam and a confinement physical. A separate record of body weight including body mass index calculation will also be maintained (DA 2664-R). Please refer to weight management and nutrition program (SOP 014).

E. Psychiatric screening during the initial medical examination will include:

1. Previous psychiatric treatment (diagnosis, pharmacotherapy, psychotherapy)
2. Previous suicidal attempts or serious suicidal intention/plan.
3. Previous self-mutilation/ self-injurious behaviors
4. Previous homicidal or assaultive behaviors.
5. History of substance dependence/abuse,
6. Current suicidal/ homicidal ideation, emotional distress or odd behavior.
7. A psychiatric team member will immediately triage any detainee presenting with suicidal or homicidal ideation, emotional distress or odd behavior during the in-processing evolution.
8. Detainees who endorse any of the items listed above will be referred to Psychiatric Services via a consult for more in depth assessment within the week.

F. A dental examination form (SF 603) will be kept within the medical record but a detailed dental examination will not be performed at the time of in processing. Those presenting with a dental issue will be added to the dental list and evaluated in a prioritized manner.

G. Detainees with a visual complaint will be screened for visual acuity and referred for optometry consultation.

H. Immunizations administered will include Td (tetanus-diphtheria), MMR (measles, mumps, rubella), and influenza vaccines to all detainees. Those with tetanus-prone wounds may also receive TIG (tetanus immunoglobulin) as per SOP # 024.

I. Laboratories obtained include a Hepatitis A IgG, Hepatitis B surface antigen (HbSAg), Hepatitis B surface antibody (HbSAb), Hepatitis B core antibody (HbCAb), Hepatitis C serology, HIV ELISA and malaria smears. The malaria smears will be screened at NH GTMO, and results confirmed at NH Portsmouth. An extra serum sample will be drawn and held for future use.

J. Each detainee will receive a screening chest X-ray and a PPD to assess for signs of tuberculosis (See SOP's #002 and 031). Repeat positive PPD will not need to be performed if previously documented on the transfer summary.

K. Left hand and wrist radiographs will be obtained after approval by the JTF Surgeon on new detainees meeting the following two criteria:

1. The detainee states his/her age is less than 16 years, and
2. Based on the physical examination, the detainee has clinical characteristics that suggest that he/she is less than 16 years of age.
3. Regarding the clinical findings, each health care provider performing physical examinations will be provided with a copy of the Tanner staging to estimate the detainee's maturity. It is recognized that the Tanner staging provides a clinical measure of age between 9 and 15 years and that clinical finding of sexual maturity are quite uniform above the age of 15 years. It is also recognized that Tanner staging assumes genetic, racial, and nutritional background similar to the study group that this staging was based on, and that endocrine abnormalities may influence the time of maturation.

4. Bone radiographs obtained will be digitally forwarded to the AFIP for reading using the Greulich and Pyle standards of bone age determination.

L. Each detainee will receive empiric treatment for intestinal helminthes (albendazole 400 mg once) and malaria (mefloquine 1250 mg, split into 2 doses). Please refer to SOP 030 for details.

M. Upon completion of the above, treatment of any condition requiring immediate attention will be addressed.

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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:_____

005086

NOV00244

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each page)

JTF, JMG, Medical Department, Guantanamo Bay, Cuba 09693
(updated 24 September 2003//sed)

STANDARD INPROCESSING ORDERS FOR DETAINEES:

1. Mefloquine 750 mg PO now, 500 mg PO in 12 hours

2. Albendazole 400mg PO once

3. Chest X-ray: PA

4. **LABS:**

Hep A IgG
Hep B surface antigen and antibody
Hep B Core antibody
Hep C
HIV
Malaria Smear (pre-screen at NAVHOSP GTMO prior to mail out to NH Portsmouth)
Serum (draw 1 extra red top)

Immunizations

1. Td .5ml IM once

2. PPD – read in 48 to 72 hours
3. Influenza 0.5 ml IM once
4. MMR 0.5 ml SC once

Consults: (circle as needed)
Needs reading glasses? Y or N
Optometry
General Surgery
Psychiatric Services
Orthopedic Surgery
Dental

Additional Orders Circle if indicated

1. AFB Smear Q AM x 3

2. If age may be ≤ 16 years old: confer with JTF Surgeon for approval to
   Obtain Left hand & wrist x-rays for bone age determination.

Staff Signature:_____ Provider:_____

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)* Typed Form in lieu of SF-600

NAME:
SSN:
STATUS:
DOB:

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Standing Orders for routine sick call complaints at Camp Delta Clinic.
The following medications may be dispensed by NC or HN Corps Staff at Camp Delta Clinic. * IMPORTANT Consult MO if detainee requires more than 4 doses in a 1 week period.

Complaints of minor aches, pains, headache:
*Tylenol (acetaminophen) 650 mg or 500mg PO q 4-6 hr PRN
Contraindications/cautions: Impaired liver or renal function, caution if G6PD deficiency.

Complaints of heartburn, indigestion.
*Mylanta (aluminum hydroxide/magnesium hydroxide)15 – 30 ml PO q 4 hr PRN

Complaints of rhinorrhea , sneezing, watery eyes, itchy rashes.
Benadryl (diphenhydramine) 25 – 50 mg PO q 6 hr PRN
Contraindications/ cautions: acute asthma, CV disease, increased IOP

Complaints of moderate pain, headache:
*Motrin (ibuprofen) 400 mg – 800 mg PO TID PRN
Contraindications/cautions: Hx of ulcers/UGI bleed, HTN, kidney disease

Complaints of foot tinea pedis (athlete's foot), tinea cruris (jock itch)
Tinactin (tolnafate) 1% cream topical AAA BID x 2 weeks do not repeat 2 weeks without consulting the M. O.

Complaints of nasal congestion.
*Sudafed (pseudoephedrine) 30 – 60 mg PO QID PRN
Contraindications/cautions: HTN, CAD, Diabetes.

Complaints of sore throat.
*Cepacol Lozenges dissolve 1 lozenge in mouth q 4- 6 hours PRN

Complaints of inflamed itchy rashes, inflamed bug bites:
Hydrocortisone Topical 1% Cream, Apply to affected area 3 times a day, X 2 weeks

Complaints of heartburn, acid indigestion, occasional constipation.
*Milk of Magnesia As antacid – 1 – 3 teaspoons (with water) up to 4 times/day
As laxative – 2 – 4 teaspoons (with 8oz of water)

Complaints of sore muscles/ body aches.
*Bengay (Analgesic Balm) Apply to affected area 3 times a day for 7 days.

Complaints of flaky, itchy scalp.
Selsun Shampoo, small amount to hair then rinse after 15 minutes, no more than twice per week.

MO Signature_____ Staff Signature_____
DETAINEE IDENTIFICATION: Typed Form in lieu of Standard Form 508
ISN:

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NOV00246

MEDICAL RECORD	Report of Medical Examination	DATE OF EXAM

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. IDENTIFICATION NUMBER

3. COUNTRY OF BIRTH	4. AGE	5. SEX
		☐ MALE ☐ FEMALE

6. PRIMARY LANGUAGE	7. SECONDARY LANGUAGE

History of Present Illness

Currently have/ever had: *(please circle, leave blank if unknown)*

Asthma	Yes	No	Hyperlipidemia	Yes	No
Diabetes	Yes	No	Hypertension	Yes	No
Heart Disease	Yes	No	Malaria	Yes	No
Hepatitis	Yes	No	Mental Illness	Yes	No
HIV	Yes	No	Renal Disease	Yes	No
Other:			Tuberculosis	Yes	No

Family History of: *(please circle, leave blank if unknown)*

Asthma	Yes	No	Hepatitis	Yes	No
Cancer	Yes	No	Hyperlipidemia	Yes	No
Diabetes	Yes	No	Hypertension	Yes	No
Heart Disease	Yes	No	Mental Illness	Yes	No
Other:			Renal Disease	Yes	No

Ever Been Hospitalized? No____ Yes____, Explain:

Current Health: Good____ Fair____ Poor____
Any special health requirements? No____ Yes____, list:

Current Medication(s):

Known allergies to medication(s):

Other Allergies:

Chemical Dependence? (alcohol, drugs)

Tobacco use? No____ Yes____, amount:

Do you have any pain? No____ Yes____
If Yes: Where? How often does it occur?

Transfer PPD results: Negative____, Positive____ (number of mm)
Transfer CXR results: No acute disease____, Abnormal____
Comments:

Review of Systems

Do you experience any of the following: *(please circle)*

General: fever chills night sweats weight loss

Skin: rash skin discoloration

Respiratory: cough duration? hemoptysis sputum

Cardiovascular: chest pain

Gastrointestinal: nausea vomiting abdominal pain diarrhea

Neurologic: headache seizure dizziness

Psychiatric: suicidal/homicidal tendencies hallucinations

Comments:

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NOV00247

IDENTIFICATION NUMBER

PHYSICAL EVALUATION

MEASUREMENTS AND OTHER FINDINGS

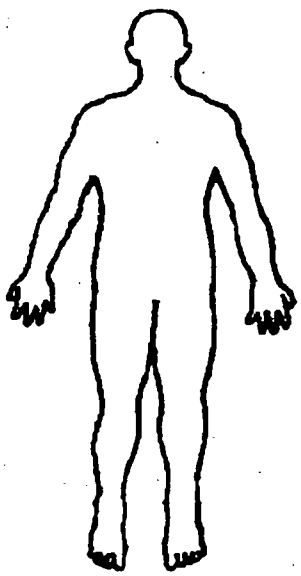
HEIGHT	WEIGHT	BMI	HAIR COLOR	EYE COLOR	BUILD
					☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE

Temperature:_____ Respirations:_____ Pulse:_____ Blood Pressure:_____

CLINICAL EVALUATION

	Normal	Abnormal	Not Done		Normal	Abnormal	Not Done
A. HEAD				I. ABDOMEN			
B. EYES				J. RECTAL			
C. EARS				K. PROSTATE			
D. NOSE				L. GENITALS			
E. MOUTH AND THROAT				M. UPPER EXTREMITIES			
F. NECK				N. LOWER EXTREMITIES			
G. LUNGS AND CHEST				O. SKIN/LYMPH			
H. CARDIOVASCULAR				P. NEURO			
				Q. PSYCH			

Comments: (*Describe every abnormality in detail. Enter pertinent item letter before each comment. Use additional sheets if necessary*)



SUMMARY OF ASSESSMENT AND PLAN

TYPED OR PRINTED NAME OF PROVIDER	SIGNATURE
TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE

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NOV00248

MEDICAL RECORD	Chronic Disease Medical Flow Sheet

1. IDENTIFICATION NUMBER

3. BIRTH DATE / AGE

2. CHRONIC DISEASES / DATE OF DIAGNOSIS

____DIABETES ____

____HYPERLIPIDEMIA ____

____HYPERTENSION ____

	Date: / /	/ /	/ /	/ /	/ /	/ /	/ /
History/Physical	every visit						
Weight	every visit						
Blood Pressure	every visit						
Hypertension control	every visit						
Serum Potassium	6-12 mo						
Serum Creatinine	6-12 mo						
Chol							
HDL							
LDL							
TG							
Blood pressure	every visit						
Lipid Profile	Annual						
HbA1c	3-6 mo						
Urinalysis	Annual						
Microalbumin	Annual						
Dilated Eye Exam	Annual						
Foot Exam	every visit						
Influenza	Annual						
Pneumococcus							

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