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JOINT MEDICAL GROUP JOINT TASK FORCE GUANTANAMO BAY, CUBA Title: MEDICAL MANAGEMENT OF DETAINEES WITH WEIGHT LOSS	SOP NO: JMG 001 Effective Date: 16DEC2013
SCOPE: JOINT MEDICAL GROUP, JOINT TASK FORCE , GTMO	

REFERENCES:

- (a) DoDI 2310.08E Medical Program Support for Detainee Operations, 2006.

ENCLOSURES:

- (1) Refusal to Accept Food or Water/Fluids as Medical Treatment
- (2) Weight Loss Medical Evaluation Sheet
- (3) Weight Loss Medical Flow Sheet
- (4) Approval Authority for Initiation of Involuntary Enteral Feeding
- (5) Clinical Guidelines for the Evaluation, Resuscitation, and Feeding of Detainees on Long Term Non Religious Fast
- (6) Nursing Staff Clinical Procedure Checklist for Intermittent Enteral Feeding of Detainees with Weight Loss
- (7) Enteral Feeding Nursing Note
- (8) Medical Equations, Calculations and Weight Formulas

I. BACKGROUND

A. A prolonged period of time without adequate food and water will have adverse health effects on the individual detainee and potentially the greater detainee population. Weight loss may be an indicator of long standing malnutrition or of an underlying medical problem, such as malignancy or infectious disease. Identification and early medical management of detainees with weight loss may prevent adverse health effects and death.

B. Patients with weight loss can be expected in any detained population. Maintaining adequate nutrition and health within a detained population is challenging. The medical management of detainees with weight loss in GTMO has evolved over time. The current medical management of detainees with weight loss in GTMO has been developed using procedures adapted from the Federal Bureau of Prisons.

II. POLICY

A. The DoD and Joint Task Force Guantanamo (JTF-GTMO) policy is to protect detainees' physical and mental health and provide appropriate treatment for disease. This includes preventing

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any serious adverse health effects or death from weight loss, chronic underweight or malnutrition. The Joint Medical Group (JMG) staff will provide health care monitoring and medical assistance as clinically indicated for detainees with weight loss.

B. Weight is one of the central non-invasive indicators of the health of the detainee. Historically, it has been shown that simple visual monitoring of detainees may miss clinically significant weight loss. Therefore, all detainees will be weighed at least monthly. Detainees who are of concern to the medical staff will be weighed more frequently as clinically indicated. Every attempt will be made to obtain weights voluntarily; however, weights may be obtained involuntarily to ensure compliance with this policy.

C. In the event a detainee refrains from eating or drinking to the point where it is determined by medical assessment that continued fasting will result in a threat to his life or seriously jeopardize his health, JMG medical personnel will make reasonable efforts to obtain voluntary consent for medical treatment. If consent cannot be obtained from the detainee, medical procedures necessary to preserve health and life shall be implemented without his consent pursuant to reference (a). When involuntary feeding/fluid hydration is medically required, the JMG Senior Medical Officer (SMO) will inform the JMG Commander. When the SMO and JMG Commander reach concurrence, they will inform the JTF Commander and request written approval to administer involuntary feeding/fluid hydration.

D. JMG will not initiate involuntary feeding/fluid hydration without the JTF Commander's knowledge and written approval. This approval authority does not preclude the Medical Officer from performing any emergent actions deemed medically necessary to preserve life and health.

E. Preventing [REDACTED] is important to maintaining good order and discipline in the detention environment, and in protecting detainee health. The procedures outlined in this SOP will be protected from release to detainees and other personnel, including JTF staff and visitors without a need to know, consistent with FOUO designation.

F. Definitions.

1. Clinically Significant **Weight Loss**. For the purposes of this instruction, clinically significant weight loss is defined as:

- a. The detainee's weight is [REDACTED] the calculated ideal body weight (IBW).
- b. The detainee has experienced a weight loss of [REDACTED] from his usual body weight. For those detainees whose usual body weight is less than their ideal body weight, a weight loss of [REDACTED] is considered clinically significant.
- c. Weight loss or underweight associated with evidence of deleterious health effects during any period of weight loss reflective of end-organ involvement or damage, to include, but [REDACTED]

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[REDACTED]

d. A pre-existing co-morbidity that might readily predispose the detainee to end organ damage (e.g. hypertension, coronary artery disease or any significant kidney disease).

e. A prolonged period of weight loss, usually defined as [REDACTED]

2. **Enteral feeder.** A detainee who the JTF Commander has authorized for involuntary feeding via an enteral feeding tube. It is important to note that an enteral feeder may or may not actually receive an enteral feed via a nasogastric tube on any specific day. Enteral feeders may still elect to eat a meal or to drink liquid nutrition despite being designated an enteral feeder

3. **Adequate Caloric Intake.** The number of calories required by a detainee to support daily metabolic functions and to maintain weight. Although this number varies by individual, for the purposes of this instruction, adequate caloric intake is considered to be [REDACTED] daily.

4. **Formulas:**

Usual Body Weight (UBW) = the greater of the following:

- i. The weight of the detainee at in-processing physical exam.
- ii. The average weight of the detainee for the past twelve months.

Ideal Body Weight (IBW) = $[(\text{Height in inches} - 60) \times 2.3 + 50] \times 2.2$

% Ideal Body Weight (% IBW) = $[\text{Current Weight (pounds)} / \text{Ideal Body Weight (pounds)}] \times 100$

% Weight Loss (% WL) = $[\text{Usual Body Weight (pounds)} - \text{Current Weight (pounds)} / \text{Usual Body Weight (pounds)}] \times 100$

III. Medical Management of Detainees with Weight Loss

A. Effective management of detainees with weight loss requires a close partnership between the JMG medical staff and the Joint Detention Group (JDG) guard force.

B. JDG guard forces monitor each detainee's consumption and refusal of meals and water and report this information daily [REDACTED]

[REDACTED] which is forwarded to the JMG SMO daily.

C. The JMG SMO or his designee will review [REDACTED]

[REDACTED] The SMO will review the clinical information pertaining to any detainee [REDACTED]

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The SMO may order a detainee weight at that time, or may order that the detainee be weighed more frequently than what is normally required for detainees in this instruction.

D. If the result of a detainee weight qualifies as a clinically significant weight loss, the SMO will direct the detainee's medical provider to conduct an assessment. The intent of the assessment is to consider any medical and or behavioral cause of the weight loss.

E. Because of the presence of latent untreated tuberculosis in the detainee population, any detainee who loses [REDACTED] will have a chest radiograph to rule out the possibility of active tuberculosis.

F. Using Enclosure (3), *Weight Loss Medical Flow Sheet*, a medical provider will perform a complete medical record review, an intake (food/fluids) history, and a general physical examination to include vital signs, weight, and Percent Ideal Body Weight (% IBW). The medical provider may order clinically indicated laboratory tests to assess the detainee's physical and metabolic status, including but not limited to EKG, urinalysis, serum basic metabolic profile, liver function tests (LFTs), Magnesium (Mg), phosphate (PO4) and calcium (Ca). Once completed, Enclosure (2) will be signed by the medical provider and placed in the detainee's medical record.

G. The SMO will notify the Officer-in-Charge of the Behavioral Health Services (BHS) of any detainees who are added or removed from the list of individuals participating in long term non-religious fasting. If indicated, the BHS will perform a mental status exam and psychological assessment of the detainee. Documentation of the results of this exam and follow-up treatment plan will be placed in the detainee's medical record.

H. A JMG medical provider will advise each detainee who displays clinically significant weight loss as to the need to maintain weight. The medical provider may offer a nutritional consult. The medical staff will explain to the detainee via a linguist the health risks faced by the detainee resulting from clinically significant weight loss and encourage the detainee to resume eating sufficient food and drinking water. Documentation of this counseling will be placed in the detainee's medical record.

I. After the initial medical evaluation, the medical providers will continue to assess the health of the detainee biweekly or as clinically indicated and document their findings using Enclosure (3), *Weight Loss Medical Flow Sheet*, available electronically on the network share drive.

J. The medical provider will discuss the medical care of the detainee with the SMO biweekly or as clinically indicated. The SMO will brief the chain of command of any serious medical issues concerning the detainees.

K. When a JMG medical provider determines that the detainee's life or health is threatened due to weight loss, immediate medical intervention may be indicated. In such a case, the JMG medical provider will notify the SMO. The medical provider shall attempt to obtain voluntary

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consent for intervention. The medical provider shall document their counseling efforts and treatments in the detainee's medical record.

L. If medical intervention is required for a detainee who is losing weight, the SMO will notify the JMG Commander. The SMO or his designee will attempt to obtain voluntary consent for the intervention. If the detainee continues to refuse reasonable care necessary to safeguard the detainee's health, it may be necessary to intervene involuntarily. If this occurs, the SMO will discuss the care plan with the JMG commander. If the SMO and the JMG Commander concur with the proposed care plan, the JMG Commander or SMO will make a specific involuntary intervention request to the JTF Commander. Upon approval from the JTF Commander, the SMO will order the treatment. Usually, the SMO/JMG Commander will receive the JTF Commander's authorization via [REDACTED] email.

M. If involuntary enteral feeding is clinically indicated and authorized, Enclosure (4), *Approval Authority for Initiation of Involuntary Enteral Feeding*, will be completed by the SMO and placed in the detainee's medical record. These detainee will then be designated as an enteral feeder.

N. The SMO or his/her representative will report detainees approved for enteral feeding via the JMG [REDACTED] to leaders within the JTF with a demonstrated need-to-know, including JTF Commander, [REDACTED]

O. Enteral feeders will be fed according to a schedule approved by the SMO as coordinated with the guard staff. All enteral feeders will be offered standard detainee meals daily. If the detainees refuse meals, they will be offered to consume the enteral feed solution orally. If they refuse their meals and the opportunity to consume their enteral feed solution orally, they will be asked to accept enteral feeding voluntarily. Only after they refuse all of the above will involuntary enteral feeding be initiated.

P. Clinical protocols for enteral feeding using graduated, continuous, and intermittent enteral feed infusions are found in Enclosure (5), *Clinical Guidelines for the Evaluation, Resuscitation, and Feeding of Detainees with Weight Loss*, which also includes guidance for the management of common electrolyte deficiencies. If the SMO deems it medically safe (e.g. low risk of re-feeding syndrome) based on the duration of the detainee's fast, involuntary enteral feeding may be initiated with graduated intermittent feeds as opposed to a continuous infusion.

Q. Enclosure (6), *Nursing Staff Clinical Procedure Checklist for Intermittent Enteral Feeding of Detainees with Weight Loss*, establishes the steps to be used in performing enteral feedings, and Enclosure (8), *Medical Equations, Calculations and Weight Formulas* will be used to calculate caloric goals/needs.

R. Routine deviations from the above procedure for specific detainees must be approved by Commander, JTF-GTMO.

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S. Enteral Feeders will be weighed weekly, or more frequently as clinically indicated. Any continued weight loss in these detainees will be reported to the Commander, JTF.

IV. Weighing of Detainees

A. The JMG Weight Monitoring Nurse will review the [REDACTED] frequently throughout each month ensuring each detainee has a weight entered for the current month.

B. The JMG Weight Monitoring Nurse will notify the JMG OICs and charge nurses of all detainee ISNs that need to be weighed for the month.

C. The JMG OICs will notify the JDG Watch Commander (WC) or Block NCO which detainee weights are still needed. Once the weights are obtained, the JMG Corpsman will report the detainee ISNs and weights to the charge nurse for documentation.

D. Detainee weights may be obtained on the cell blocks, during routine clinic and medical space visits, or while the detainee is an inpatient in the Detention Hospital or Behavioral Health Unit.

E. Scales will be zeroed prior to measurement.

F. Detainees should stand in the center of the scale without assistance and without touching walls or any nearby objects. If the detainee is unable to stand, he may be weighed while sitting in a feeding chair or wheelchair using a wheelchair scale, but the weight of the chair must be subtracted from the total weight obtained.

G. When detainees are weighed while on backboards or wearing shackles or other restrictive devices, the weight of those devices will be subtracted from the measured weight.

H. Once the guards have the detainee on the scale, a JMG member, usually a Hospital Corpsman assigned to the area where the detainee is located, will note the weight and give the measurement to the JMG Charge Nurse, who will forward the weight to the JMG Weight Monitoring Nurse. The JDG guard staff will enter the weight [REDACTED]

I. The JMG Weight Monitoring Nurse will report to the JMG Commander via the SMO and the JMG Deputy Commander any detainee who is overdue on their weights.

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A. The Charge Nurse will document the weight on the [REDACTED]
[REDACTED]

B. The SMO will receive daily information on missed meals and detainee weights from the [REDACTED]

C. The Weight Monitoring Nurse and the SMO will review [REDACTED]
[REDACTED] for trends and analysis no less than monthly to identify any detainee whose weight loss has become clinically significant as defined above and to obtain a long term overview of all detainee weights.

VI. Reporting Detainee Weights

A. Detainees being monitored for weight loss will be reported through the [REDACTED]
[REDACTED]

B. The JMG Commander and the JMG Deputy Commander may request special analysis of the information [REDACTED] from the SMO at any time.

VII. Dietary Consultation

A. JMG providers may request a dietary consult for the detainee with the NH GTMO dietician for detainee education and recommendations to achieve optimal weight, potential medical consequences of obesity, health benefits of maintaining a normal [REDACTED] and strategies to reduce weight and limit caloric intake.

VIII. In-processing

A. Upon first arrival to JTF-GTMO, the height and weight of each detainee will be determined and recorded [REDACTED]
[REDACTED]

IX. Out-processing

A. Each detainee scheduled for transfer from JTF-GTMO will be weighed during out-processing. The detainee's in-processing and out-processing weights will be noted on the final narrative summary.

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X. Cessation of Enteral Feeding

A. Most detainees will commence oral feeding on their own at some point. [REDACTED] they will no longer be designated enteral feeders. These detainees will continue to be monitored for their weight, fluid consumption and caloric intake.

[REDACTED] a detainee may be considered for less frequent medical monitoring. [REDACTED] the SMO will notify the JMG Commander. If the SMO and JMG Commander concur, they will request from the JTF Commander permission to resume enteral feeding.

B. For evidence of malabsorption or other select cases, the SMO, with the approval of the JMG Commander, will determine an individualized care plan for transitioning an enteral feeder back to an oral diet. Generally, a three- to five-day period is sufficient for the transition to an oral diet. If the detainee has been intermittently consuming food by mouth during a period of weight loss, the transition to an oral diet may be achieved sooner.

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Refusal to Accept Food or Water/Fluids as Medical Treatment

Detainee Number _____ Age _____ Date _____

The above detainee has refused food and/or water as medically recommended by the Medical Officer.

The grave risks of not following the medical advice directing him to eat life-sustaining food and to drink water/fluids have been explained to the detainee. He states he understands that as a direct result of his refusal to eat and/or drink, he may experience hunger, nausea, tiredness, feeling ill, headaches, swelling of his extremities, muscle wasting, abdominal pain, chest pain, irregular heart rhythms, altered level of consciousness, organ failure and/or coma. He states he understands that his refusal to eat life-sustaining food or drink water/fluids and to follow medical advice may cause irreparable harm to himself or lead to his death. He states he understands that this is not a complete list of the risks involved with the refusal to follow medical advice.

The detainee states he understands the alternatives available to him including oral food and fluid oral rehydration solutions, oral nutritional supplements, and intravenous fluid hydration.

The detainee states he fully understands the risks to his health if he does not accept food and water as advised above.

Translator/ Witness Signature _____

Medical Provider Signature _____

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[REDACTED]

Detainee Number: _____

Date of Evaluation: _____

Date of Onset: _____

Drinking Fluids: Yes No

[REDACTED] _____

HPI:

MEDS:

ALLERGIES: NKDA or _____ FOOD ALLERGIES: _____

PMH:

Physical Assessment:

In processing Wt: _____ lbs Usual Wt: _____ lbs/date: _____ IBW _____

Current Wt: _____ lbs _____ % IBW %Wt Loss: _____

Heart Rate: _____ BP: _____ / _____ RR: _____ T: _____ LOC: Yes No

Other Pertinent Physical Exam and Laboratory Findings:

Assessment: Detainee with Weight LossPlan:

1. Explained risks of inadequate intake of food and/or water to detainee. See *Refusal to Accept Food or Water/Fluids As Medical Treatment*, Enclosure (1).
2. Document and execute follow up plan .
3. Other:

Medical Provider: _____

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Signature Attending Physician

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NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD**CHRONOLOGICAL RECORD OF MEDICAL CARE**Date/TimeSYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JTF-JMG, Medical Department, Guantanamo Bay, Cuba**Approval Authority for Initiation of Involuntary Enteral Feeding**

Detainee ISN _____ has experienced clinically significant weight loss.

He meets the following clinical criteria for involuntary enteral feeding:

There is evidence of deleterious health effects reflective of end organ involvement or damage, to include, but not limited to, seizures, syncope or pre-syncope, significant metabolic derangements, arrhythmias, muscle wasting, or weakness such that activities of daily living are hampered.

There is a pre-existing co-morbidity that might readily predispose to end organ damage (e.g. hypertension, coronary artery disease or any significant heart condition, renal insufficiency or failure, endocrinopathy, etc.).

There is a _____ of weight loss.

The detainee is at a weight _____ of his calculated Ideal Body Weight (IBW).

The detainee has experienced significant weight loss _____ from previously recorded or in-processing weight.

The detainee's UBW is less than his IBW and he has lost _____ of his UBW.

Involuntary feeding is required to prevent risk of death or serious harm to health.

Written approval to initiate involuntary enteral feeding has been obtained from Commander, Joint Task Force Guantanamo as required per Standard Operating Procedure 001. (Note: e-mail written approval is acceptable).

Senior Medical Officer, JTF-GTMO/JMG

DETAINEE'S IDENTIFICATION NUMBER:

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

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Clinical Guidelines for the Evaluation, Resuscitation, and Feeding of Detainees with Weight Loss

*****Note: These are only Guidelines. Clinical presentation of the patient will determine the individualized patient plan of care prescribed by the Credentialed Medical Provider! *****

Once a detainee with weight loss meets the criteria for enteral feeding, the following protocol may be initiated. If clinically indicated, after initial IV fluid resuscitation, the SMO may initiate intermittent or continuous enteral feedings of the detainee. In the event of multiple detainees with weight loss,

I. [REDACTED]

[REDACTED]

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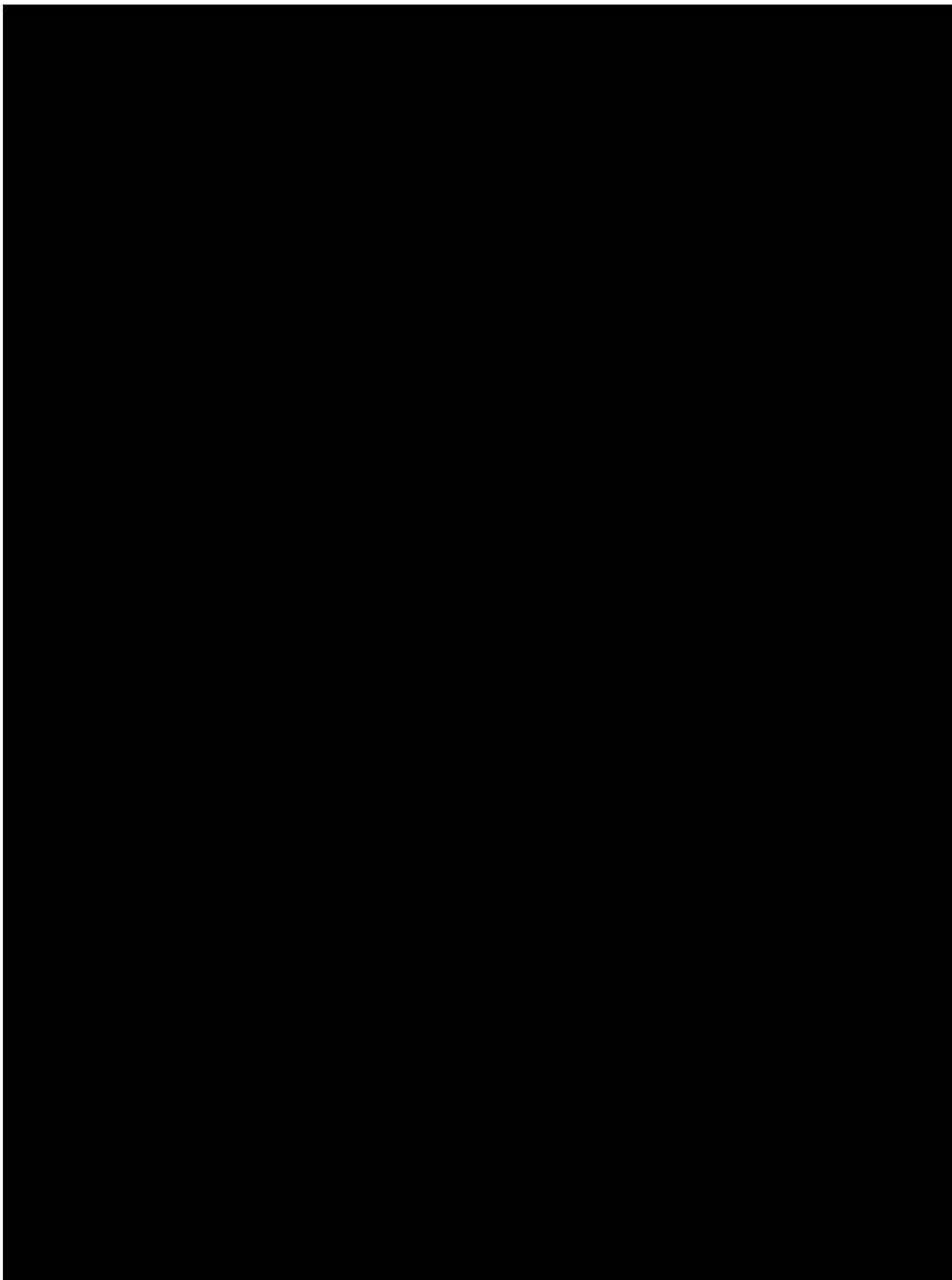
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Enclosure (5)

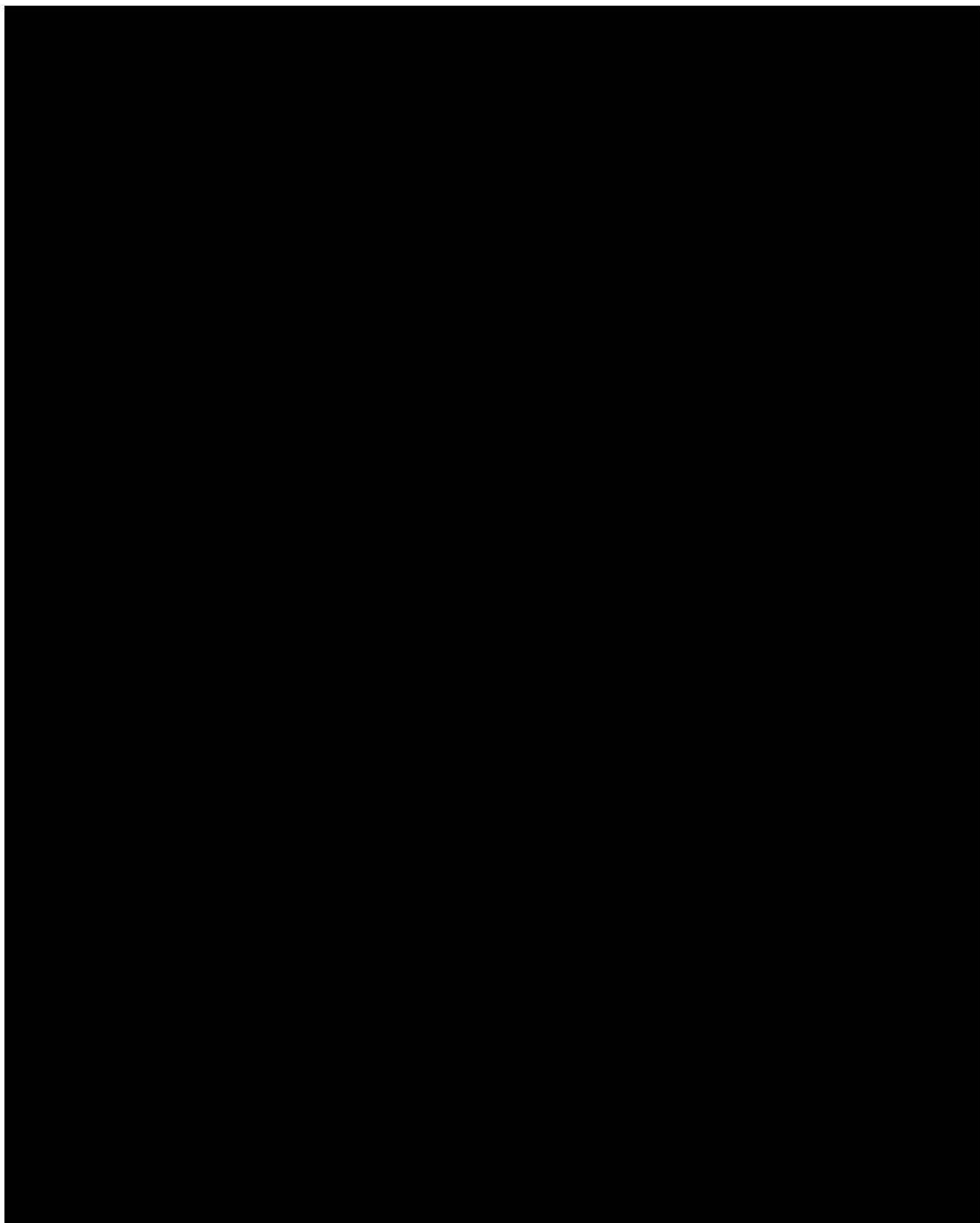
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**Management of Common Electrolyte Deficiencies**

Hypokalemia – Replace potassium with KCL elixir/tablets, 10 milliequivalents for every 0.1 mEq/L below the normal value of 4.0 in the detainee's serum. For example, if a detainee has a serum potassium of 3.4 mEq/L, 60 milliequivalents of KCL elixir/tablets should be ordered.

Hypomagnesaemia – Replace with magnesium oxide. Crush four 400 mg tablets (approximately 960 mg of bioavailable magnesium) and mix in water before adding to enteral solution. Continue daily until normal serum Mg^{++} level is confirmed by lab draw. Oral magnesium may cause diarrhea. Alternatively for severe hypomagnesaemia, 1-2 grams of magnesium sulfate may be infused intravenously over 30 minutes.

Hypophosphatemia – Replace with 4 packets of K-phos daily (total of 1000 mg of phosphorus, 1112 mg of potassium, and 656 mg of sodium daily) until normal serum phosphorus level is confirmed by lab draw. Alternatively, for severe hypophosphatemia, 15 mmol of sodium phosphate mixed in 250 ml of $\frac{1}{2}$ NS may be given over 4-6 hours. Usually, this is repeated for a total of 4-8 doses.

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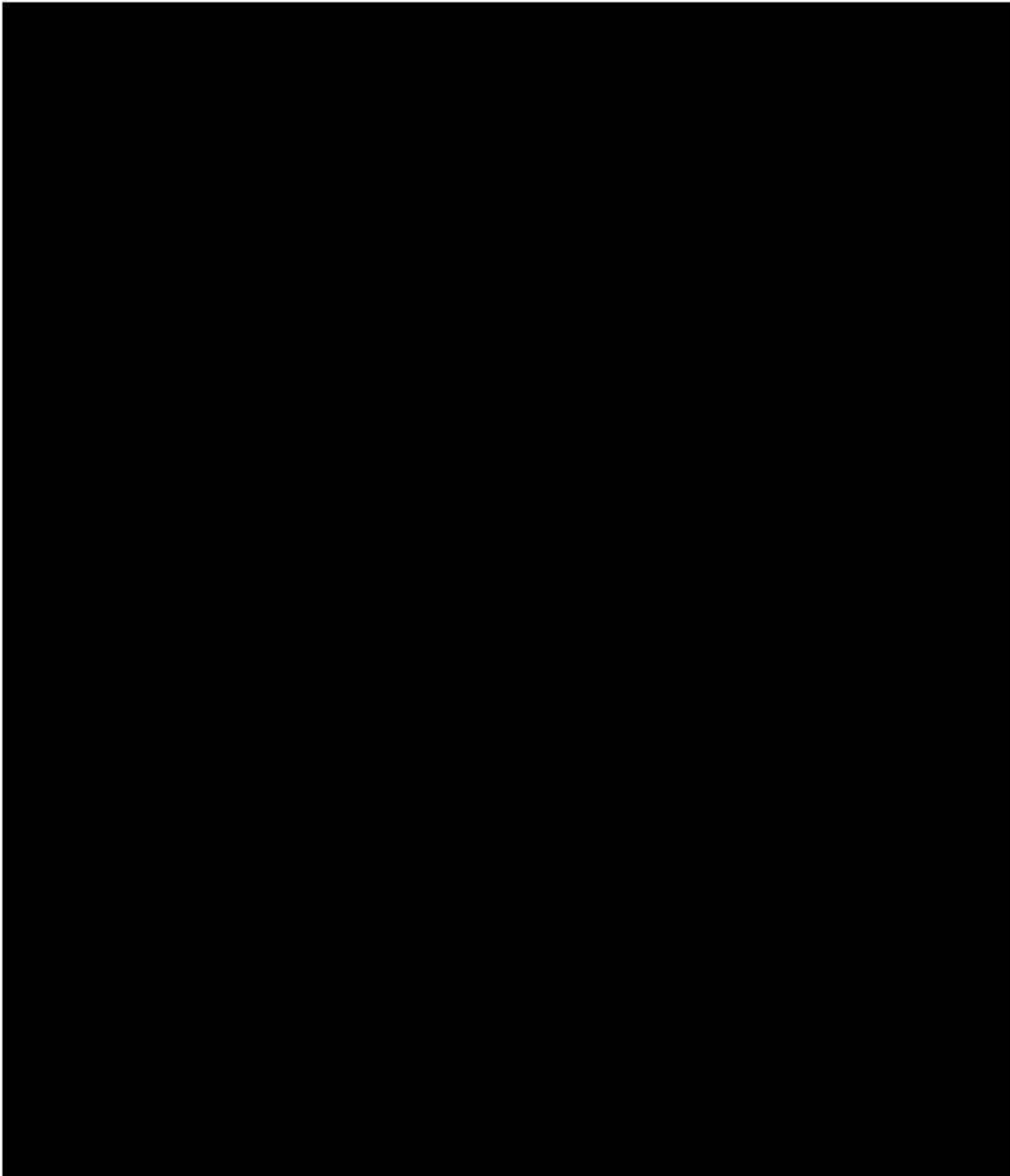
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**Nursing Staff Clinical Procedure Checklist for Intermittent Enteral Feeding of
Detainees with Weight Loss**

NOTE: IF THE RN OR HM FEELS THEY ARE IN ANY DANGER OF PERSONAL HARM DURING AN ENTERAL FEED, THEY ARE TO WITHDRAW FROM THE SITUATION AND IMMEDIATELY INFORM THE GUARDS OF THEIR CONCERNS.



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Enclosure (6)

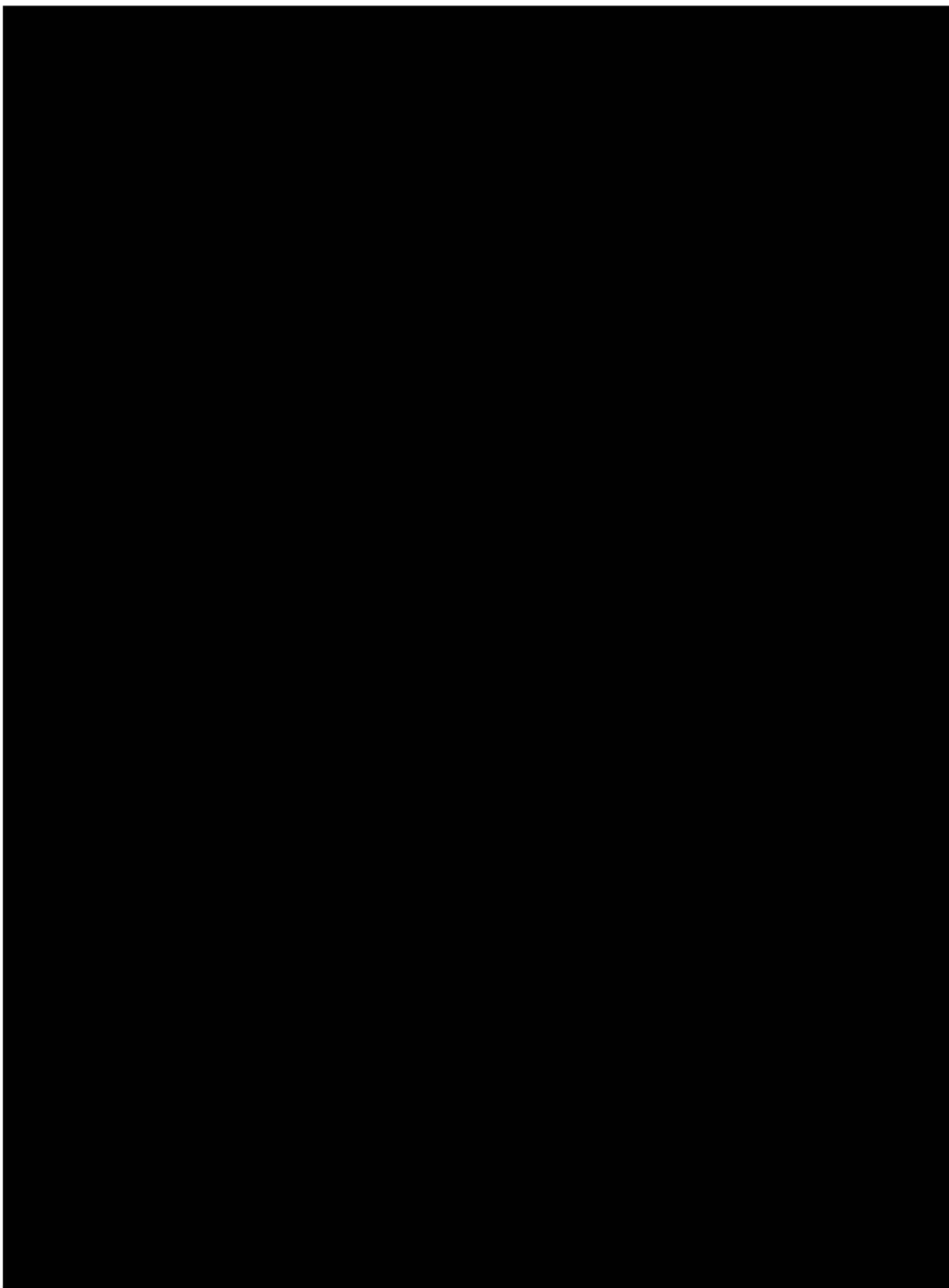
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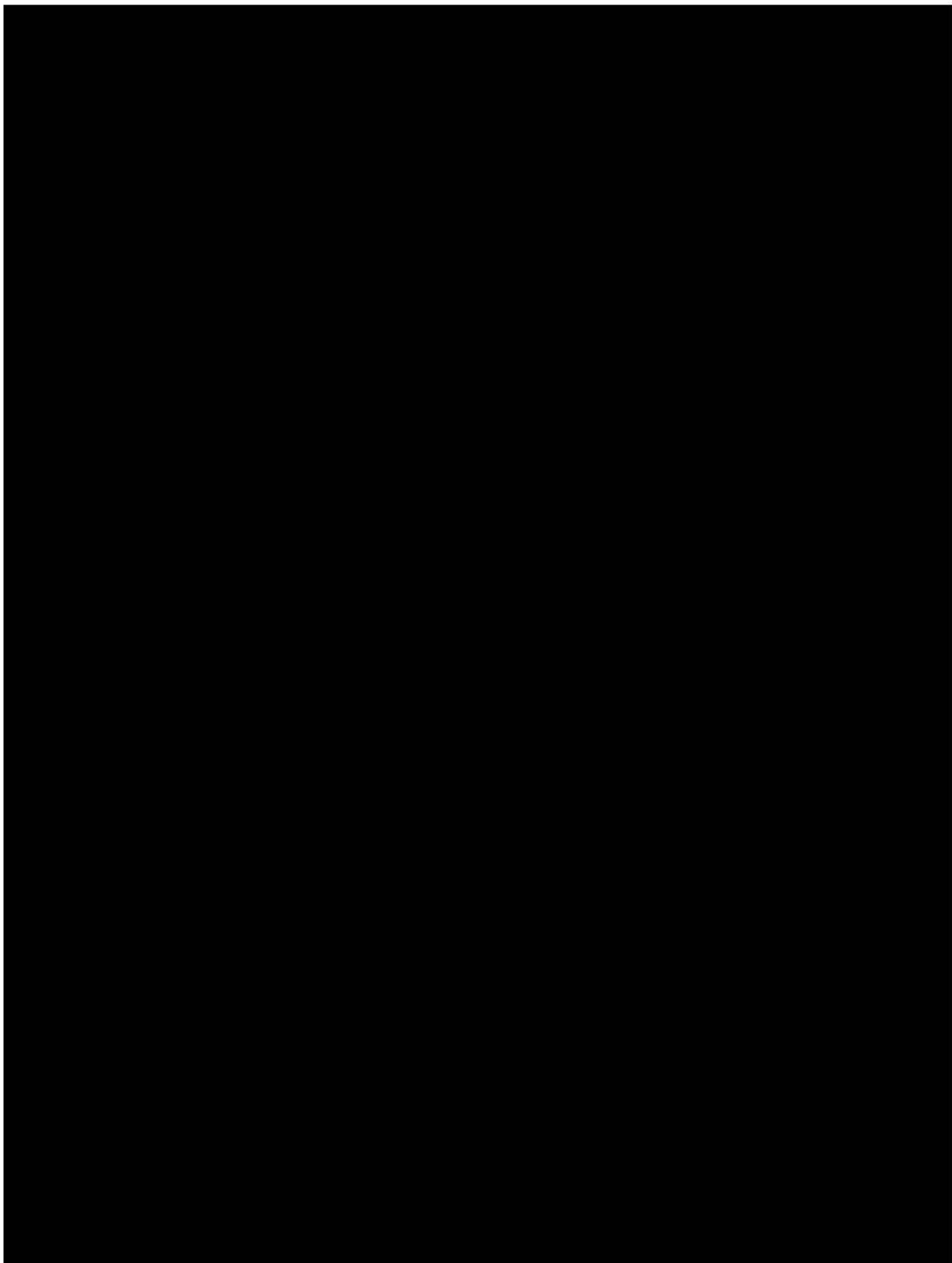
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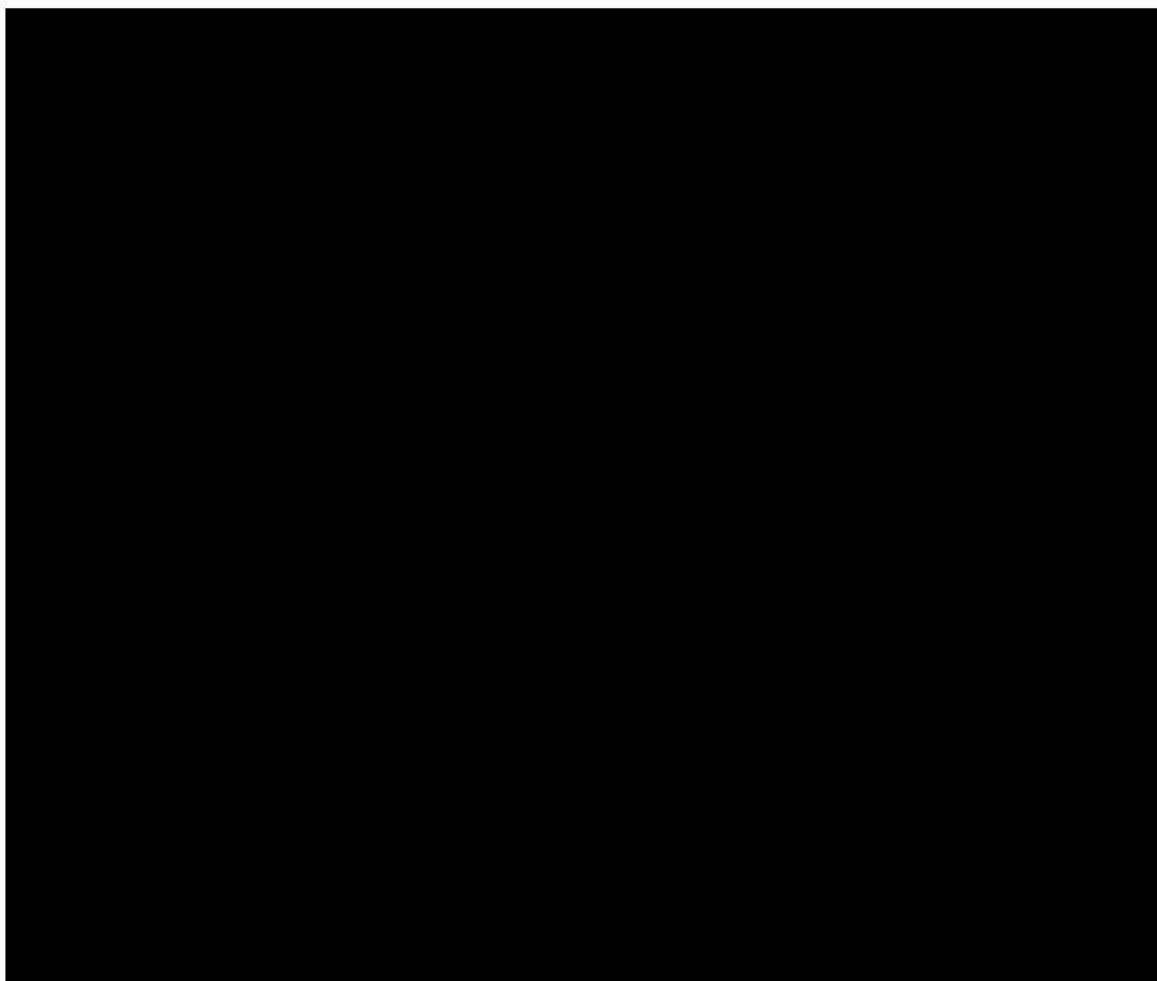
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ENTERAL FEED NURSING NOTE

ISN: _____

AM/PM _____

Date: _____

Detainee placed in restraints/restraint chair by guard staff for enteral feeding procedure.

INITIAL ASSESSMENT/VITAL SIGNS

- ☐ Detainee required Forced Cell Extraction to restraint chair/gurney or ☐ Detainee ambulated to feed chair/gurney.

Detainee placed in chair/gurney at _____.

- ☐ Detainee refused vital signs (For long-term fasters only)

☐ Vital Signs: T _____ HR _____ RR _____ BP _____ O2 sat _____ % Weight _____ ☐ Pulses WNL x 4

☐ Detainee denies nausea/vomiting ☐ Detainee denies pain

☐ Other _____

PROCEDURE NOTE: INSERTION OF FEEDING TUBE

- ☐ Enteral Feeding Time Out performed with two Feed Team members.

Using: ☐ olive oil ☐ 2% viscous lidocaine ☐ sterile lubricant, an ☐ 8Fr ☐ 10Fr enteral feeding tube was inserted in the

- ☐ Right ☐ Left nostril using standard nursing procedure.

- ☐ Placement in stomach was confirmed by air auscultation by 2 JMG staff (at least 1 RN) and test dose with 10ml water.

Type of Nutritional solution: ☐ Pulmocare ☐ Ensure ☐ other _____ amount: _____ ml _____

Additives: ☐ water _____ ml ☐ MgO _____ mg ☐ Thiamine _____ mg ☐ K-Phos _____ mg ☐ Multivitamin X _____ tab

Other: _____

ASSESSMENT DURING ENTERAL FEEDING

Enteral feeding initiated at _____.

Circulation assessed using at least one of the following every 15 minutes while restrained:

- ☐ No skin discoloration noted ☐ No edema noted ☐ Pulse Rate/Rhythm WNL ☐ Capillary Refill Time <3 seconds

Complaints/ Complications during feed: ☐ None ☐ Other _____

POST ENTERAL FEEDING ASSESSMENT

Enteral Feeding completed and Enteral Feeding Tube removed at _____.

Detainee's condition post enteral feed:

- ☐ Detainee denies pain ☐ Detainee denies nausea/vomiting ☐ No Injury/complaint noted.

☐ Injury/complaint noted. Describe: _____

☐ Physician notified (if applicable): Name: _____ Time: _____

Restraints released at _____ and detainee released to guard staff

- ☐ Detainee required Forced Cell Extraction back to cell OR ☐ Detainee ambulated back to cell.

HM/RN note: _____

HM signature: _____ Date/Time: _____

RN signature: _____ Date/Time: _____

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Enclosure (7)

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Classification	Kcal/kg
Morbid obesity	20
Starvation, Ventilated, Intensive Care Unit	25
Ambulatory Maintenance	25-35
Malnutrition/ Moderate Stress	30-35
Severe Injuries/ Stress	35-45

HARRIS –BENEDICT EQUATION:

Men (kcal/day) = $[66.47 + (13.75 \times \text{weight (kg)}) + (5 \times \text{height (cm)}) - (6.76 \times \text{age})] \times \text{activity factor} \times \text{stress factor}$

Activity Description	Factor	Stress Description	Factor
Chair or bed bound	1.2 x BEE	Elective surgery	1 – 1.1 x BEE
Seated work with little movement	1.4 – 1.5 x BEE	Multiple trauma	1.4 x BEE
Seated work with little strenuous leisure activity	1.6 – 1.7 x BEE	Severe infection	1.2 – 1.6 x BEE
Standing work	1.8 – 1.9 x BEE	Peritonitis	1.05 – 1.25 x BEE
Strenuous work or highly active leisure activity	2 – 2.4 x BEE	Multiple/long bone fractures	1.1 – 1.3 x BEE
30 – 60 minutes strenuous leisure activity 4 – 5 times/week	2.3 – 2.7 x BEE	Infection with trauma	1.3 – 1.55 x BEE
		Sepsis	1.2 – 1.4 x BEE
		Closed head injury	1.3 x BEE
		Cancer	1.1 – 1.45 x BEE
		Burns	1.5 – 2.1 x BEE
		Fever	1.2 x BEE (per 1°C >37°C)

Determination of Protein Requirements:

Condition	Grams/kg/day
Renal Failure/Dysfunction	0.6 – 0.8 (40 gram min)
Dialysis Patients (moderate stress)	1 – 1.2
Dialysis Patients (high stress)	
Sepsis	1.2 – 1.5
Liver Failure/Cirrhosis	
Re-feeding Syndrome	
Multiple trauma	1.3 – 1.7
Catabolism	1.2 – 2
Post-op	1 – 1.5

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MEDICAL MANAGEMENT OF DETAINEES WITH WEIGHT LOSS

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Determination of Fluid Requirements:

	Free Water Requirement
1 st 10 kg	100 mL/kg
2 nd 10 kg	50 mL/kg
Each kg >20 kg	20 mL/kg (≤50 years)
	15 mL/kg (>50 years)
Method 2 – Age	
Young Athletic Adult	40 mL/kg
Most Adults	35 mL/kg
Elderly Adults	30 mL/kg
Method 3 – Energy Expenditure	
1 mL/kcal energy expenditure	

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STANDARD OPERATING PROCEDURE:

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MEDICAL MANAGEMENT OF DETAINEES WITH WEIGHT LOSS

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APPROVED BY:

[Redacted Signature]

[Redacted Signature]

CDR, JMG

16 Dec 13

Commander, Joint Medical Group

Date

RECOMMENDED BY:

[Redacted Signature]

[Redacted Signature] W. R. M. G. S. S.

16 Dec 13

Signature/ Printed Name Required: ☒ Yes ☐ No

Deputy Commander, Joint Medical Group

Date

Signature/ Printed Name Required: ☐ Yes ☐ No

Senior Medical Officer

Date

Signature/ Printed Name Required: ☐ Yes ☐ No

Senior Nurse Executive

Date

Signature/ Printed Name Required: ☐ Yes ☐ No

Director For Administration

Date

Signature/ Printed Name Required: ☐ Yes ☐ No

Medical Planner

Date

Signature/ Printed Name Required: ☐ Yes ☐ No

Senior Enlisted Leader

Date

Signature/ Printed Name Required: ☐ Yes ☐ No

Director, Behavioral Health Services

Date

REVIEW LOG: Directorate Reviewer:

Sig: _____ Date: _____

Sig: _____ Date: _____

Sig: _____ Date: _____

P SUPERCEDED/ CANCELLED THIS DATE:

Signature/ Printed Name

Commander, Joint Medical Group

Date

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