Morgan Lens Instructional Chart

Instructions for using the Morgan Lens for continuous medication or lavage to the cornea and conjunctiva.



INSERTIONInstill topical ocular anesthetic, if available.



Attach a Morgan Lens Delivery Set (or a syringe or an I.V. set-up).



Using solution and rate of choice*; **START FLOW**. This allows Lens to "float" over cornea and sclera.



Have patient look down, insert Morgan Lens under upper lid. Have patient look up, retract lower lid, drop Lens in place.



Release the lower lid over Morgan Lens; adjust flow. Tape tubing to patient's forehead to prevent accidental Lens removal. Absorb outflow with the Medi-Duct (for best results, tape to head as shown). **DO NOT RUN DRY**.



REMOVAL
CONTINUE FLOW. Have patient look up, retract lower lid—hold position. Slide Morgan Lens out.
TERMINATE FLOW.

Morgan Lens Uses	Solution	Mode with Morgan Lens	Rate	Frequency
Ocular injury due to acid burns or solvents, gasoline, detergents, etc.	Lactated Ringer's* Solution	Morgan Lens Delivery Set or I.V. set-up	500 ml rapid/free flow. Reassess and continue at slower rate.	Once. Repeat as necessary.
Alkali burns		Morgan Lens Delivery Set or I.V. set-up	2000 ml rapid/free flow. Reassess. Continue at 50 ml/hour or 15 drops/minute.	Continuous until pH of cul-de-sac is returned to neutrality.
Non-embedded foreign bodies		Morgan Lens Delivery Set or I.V. set-up	500 ml rapid/free flow. Reassess and continue at slower rate.	Once. Repeat as necessary.
Foreign body sensation with no visible foreign body	20 cc sterile solution	20 cc syringe	Slowly without force.	Once. Repeat once if necessary.
Routine pre-operative	10 cc of preferred ocular antiseptic	10 cc syringe	Slowly without force.	Once.
Eyelid surgery (protecting the cornea during eyelid surgery)	Lactated Ringer's* Solution	Morgan Lens Delivery Set or I.V. set-up	4 drops/minute.	During entire procedure.
Severe infection	Lactated Ringer's* Solution with suitable antibiotic and steroid**	Morgan Lens Delivery Set or I.V. set-up	50 ml/hour or 15 drops/minute.	Continuous for 70 hours, then 10-hour intervals until marked improvement.

^{*}MorTan recommends lactated Ringer's because the pH level of 6.0 to 7.5 is much closer to tears (approximately 7.1) than Normal Saline (4.5 to 7.0). In addition, the lactate ion in lactated Ringer's exhibits a buffering capacity, returning the pH of either an acid or a base to neutral much more rapidly than a solution (such as saline) without any buffering capacity.

**Use only when indicated.



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