(Your Facility Name)

Morgan Lens
Competency Assessment

COMPETENCY GOALS: To demonstrate the safe and appropriate technique related to the set-up, insertion, maintenance, and removal of the Morgan Lens.

Check Y (Yes) if skill is performed correctly
Check N (No) if skill is not performed correctly
Check RDR if a repeat demonstration was required

Y	N	RDR	PERFORMANCE CRITERIA
			1. Verbalizes indications and contraindications for use of the Morgan Lens
			2. Verbalizes the need to institute standing orders & bilateral protocols for use of the Morgan Lens, topical anesthetic, and irrigation solution
			3. Verbalizes need for universal precautions
			4. Prepares and explains procedures to patient
			5. Demonstrates proper set-up procedure
			6. Demonstrates correct insertion technique
			7. Demonstrates securing tubing to forehead with tape
			8. Demonstrates proper methods for monitoring fluid level and flow rates during use
			9. Demonstrates proper removal technique
			10. Verbalizes the necessary documentation components

Comments:

Name: _____

Date: _____

This person has been validated as competent to perform this skill by:

Evaluator Name: _____

Evaluator Title: _____

The Morgan Lens
MorTan Inc.

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HOW TO USE YOUR MORGAN LENS COMPETENCY ASSESSMENT FORM

Dear Educator/Competency Evaluator:

Enclosed is a competency assessment form designed to evaluate staff proficiency in the use of The Morgan Lens. For objective assessment of proper insertion and removal techniques, a realistic training model is also available to complement the evaluation process.

Check the Y (Yes) box if all criteria are met. If remediation or repeat demonstration is needed, check N (No) and RDR (Reevaluation Data Review). When criteria are satisfied, mark Y. Use comments at the bottom to highlight strengths or areas needing improvement.

KEY ANSWERS FOR COMPETENCY ASSESSMENT FORM

1. Verbalizes indications and contraindications for use of the Morgan Lens

Indications:

-for continuous medication or lavage to the cornea, conjunctiva, and entire cul-de-sac
-ocular injuries due to acid burns or solvents, gasoline, detergents, etc.
-alkali burns
-thermal or actinic burns
-non-embedded foreign bodies
-foreign body sensation with no visible foreign body
-severe infections

Contraindications:

-penetrating eye injuries
-suspected or actual rupture of the globe
-to instill anesthetic agents with known allergies

Y ☐ N ☐ RDR ☐

2. Verbalizes the need to institute standing orders/protocols or to obtain physician orders for use of the Morgan Lens, topical anesthetic, and irrigation solution

Immediate intervention is critical in the management of chemical ocular injuries. Institutions with established standing orders or protocols for the use of the Morgan Lens facilitate prompt care, ensuring all authorized clinicians can initiate treatment without delay. In settings lacking such protocols, a physician's order is required prior to commencing therapy. Orders should clearly specify bilateral Morgan Lens application with the appropriate delivery system and Medi-duct, detail the type and concentration of topical anesthetic to be administered, and indicate the specific irrigation solution and volume to be used.

**Note: MorTan, Inc. recommends the use of lactated Ringer's (Hartmann's Solution) for irrigation due to its pH and buffering capacity:

pH of normal tears: approximately 7.1
pH of Normal Saline: 4.5 to 7.0
pH of lactated Ringer's: 6.0 to 7.5

Y ☐ N ☐ RDR ☐

3. Verbalizes need for universal precautions

Universal precautions should be maintained while providing patient care. Institutional guidelines should be followed for specific recommendations.

Y ☐ N ☐ RDR ☐

4. Prepares and explains procedure to patient

Eye injuries are very painful, and the patient will likely be upset. The bilateral irrigation procedure should be explained to the patient in calm and reassuring words, stressing the need to treat both eyes and that the Morgan Lens will not be touching the injured eyes but instead will float on the irrigating solution. Remind the patient that the irrigation will immediately begin to dilute and wash out the chemical or particulate material, quickly starting to relieve the pain.

Y ☐ N ☐ RDR ☐

5. Demonstrates proper set-up procedure

-Gather necessary sterile, sealed, and undamaged \product. This includes Two (2) Morgan Lenses, topical anesthetic if available, one Morgan Lens Delivery Set, one bag of lactated Ringer's solution or Normal Saline, and Two (2) Medi-Ducts
-Instill topical anesthetic if no known allergies
-Attach two Morgan Lens to Morgan Lens Delivery Set or I.V. tubing

Y ☐ N ☐ RDR ☐

6. Demonstrates correct insertion technique

-Start a minimal flow of irrigation solution prior to insertion
-Have the patient look down, insert the Morgan Lens under the upper eyelid
-Have the patient look up, retract the lower lid, drop the lens into place
-Release the lower lid over the Morgan Lens
-Adjust flow of fluid to desired rate
- Un-pinch second delivery tube and repeat insertion for the other eye.

Y ☐ N ☐ RDR ☐

7. Demonstrates securing tubing to forehead with tape

The Lens tubing should be taped to the patient's forehead to prevent accidental removal. Also, the outflow should be absorbed with a Medi-Duct taped to the side of the patient's head.

Y ☐ N ☐ RDR ☐

8. Demonstrates proper methods for monitoring fluid level and flow rates during use During ocular irrigation, it is essential to regularly assess the flow rate and confirm that the irrigation solution remains adequately supplied, preventing depletion. Ensure the patient maintains comfort with the flow and that the solution continues uninterrupted throughout the procedure. Verify that the Medi-Duct is properly secured and functioning to absorb outflow or inspect blue pads/towels for effective wicking.

If supplemental topical anesthetic is required, it may be administered without removing the Morgan Lens. Temporarily pinch the lens tubing to reduce irrigation flow, then instill the anesthetic along the nasal side of the eye, release the tubing to continue flow of solution. Irrigate until the pH is back to normal.

For patients wearing contact lenses, removal may be performed after initial irrigation. Do not delay urgent treatment to remove lenses; they are frequently more easily extracted post-irrigation. Due to possible contamination with residual caustic agents, contact lenses should be discarded following removal.

Y ☐ N ☐ RDR ☐

9. Demonstrates proper removal technique

-Continue flow of solution
-Have patient look up, retract lower lid, and hold position
-Slide the Morgan Lens out
-Terminate flow of solution
- Repeat on other eye if both eyes are being irrigated.

Y ☐ N ☐ RDR ☐

10. Verbalizes the necessary documentation components

- Use of the Morgan Lens
- Topical anesthetic: type, dose, strength, allergy status
- Irrigation solution: type, dose, duration
- Other relevant details
- Eye(s) irrigated (bilateral irrigation recommended)
- Patient tolerance
- Visual acuity (pre/post as available)
- pH (pre/post as available)
- Other injuries addressed
- Gross decontamination performed (if indicated)

Y ☐ N ☐ RDR ☐