Clearly, the most comfortable, effective and easy-to-use ocular irrigation system.
The Morgan Lens is the most effective method for treating ocular trauma. Widely used by physicians, nurses and other medical personnel for emergency eye irrigation, the Morgan Lens can deliver a continuous flow of solution to the injured eye within seconds, freeing medical staff to treat other injuries or to transport the patient without interruption.

**The Morgan medi-FLOW® Lens**
The Morgan Lens provides ocular irrigation and/or medication to the cornea and conjunctiva. It consists of a molded lens with directional fins, attached tubing and an adaptor. The Morgan Lens is a convenient and effective alternative to the conventional technique of “manual irrigation”: holding the eyelids open while flushing with a stream of irrigating solution. The Morgan Lens may be left in the eyes for hours, or even days, providing the continuous treatment that is often required for serious chemical burns.

**The Morgan Lens Delivery Set®**
The Morgan Lens Delivery Set makes using the Morgan Lens even easier by allowing the simultaneous irrigation of both eyes. Instead of wasting valuable time and money on separate IV setups, the Morgan Lens Delivery Set may be attached to one or two Morgan Lenses. Within seconds, relief is on its way to your patient, allowing the assessment and treatment of other injuries while ocular therapy is underway.

**The Medi-Duct®**
The Medi-Duct is an ocular fluid management system designed to make irrigation with the Morgan Lens even more convenient. Its super-absorbent wick carries the irrigation solution away from the patient for easy collection and disposal. For best results, tape the Medi-Duct to the head in the position shown here. This allows the Medi-Duct to properly absorb and wick the outflow.

The Morgan Lens, Morgan Lens Delivery Set and Medi-Duct from MorTan combine to provide the most effective ocular irrigation system.

www.morganlens.com • 800-423-8659
www.morganlens.com is your site to learn more about ocular irrigation with the Morgan Lens or for general information on ocular irrigation and eye injuries. A sampling of what you can find at www.morganlens.com is shown below.

Abstracts and reviews

Prompt Irrigation of Chemical Eye Injuries May Avert Severe Damage
Occupational Health & Safety

The Tolerability of Lactated Ringer’s Solution and BSS Plus for Ocular Irrigation with and without the Morgan Therapeutic Lens
Academic Emergency Medicine

Go With the Flow During an Eye Emergency
Nursing 2000

Foreign Body Removal Made Easy
Optometry Today

Managing Chemical Injuries
Optometric Management

Morgan Lens Safe and Effective for Long-term Use in Corneal Infections
Ocular Surgery News

See more abstracts and reviews at www.morganlens.com

Morgan Lens protocols from institutions around the world

Centers for Disease Control and Prevention (CDC)
U.S. Department of Health and Human Services, Public Health Service
Emergency Nurses Association (ENA)
National EMS Scope of Practice
Massachusetts Department of Public Health, Office of Emergency Medical Services
Middlesex Hospital Paramedic Program (Connecticut)
Broward County Regional EMS Council (Florida)
University of South Alabama College of Nursing
NSW (Australia) Department of Health Children’s Emergency Care Alliance
For more protocol information, see www.morganlens.com

A few of the books recommending the use of the Morgan Lens

Manual of Emergency Medicine
(Lippincott, Williams & Wilkins)

Disaster Medicine
(Lippincott, Williams & Wilkins)

Florida Regional Common EMS Procedures
(Jones & Bartlett)

Textbook of Medical-Surgical Nursing
(J.B. Lippincott)

The Chemically Injured Eye
(Ophthalmology Society of the U.K)

Professional Paramedic
(Delmar, Cengage Learning)

Flight Nursing-Principles and Practice
(Mosby)

Clinical Ophthalmology
(Harper & Row)

Management of Ocular Injuries and Emergencies
(Lippincott-Raven)

Emergency Response and Patient Care
(Prentice Hall)

Nursing Procedures
(Springhouse Corporation)

The Pediatric Emergency Medicine Resource
(Jones & Bartlett)

Manual of Clinical Trauma Care
(Mosby)

Nursing Photobook Annual
(Springhouse Corporation)

Injuries of the Eye, the Lids, and Orbit
(W.B. Saunders)

Goldfrank’s Toxicological Emergencies
(Appleton & Lang)

Emergency Nursing-Principles and Practice
(Mosby)

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

**INSERTION**
Instill topical ocular anesthetic, if available.

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

**Using the Solution**
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.

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**Morgan Lens Uses**

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

*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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**Video and PowerPoint available online**
Call toll free to place an order or to inquire about our training materials.
Quality Certified: ISO 9001 & 13485

**www.morganlens.com**

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The Morgan Lens
An ISO Registered Company

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