

**EMERGENCY DEPARTMENT**

[Your hospital 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.

Directions:     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

<b>Y</b>	<b>N</b>	<b>RDR</b>	<b>PERFORMANCE CRITERIA</b>
			1. Verbalizes indications and contraindications for use of the Morgan Lens
			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
			3. Verbalizes need for universal precautions
			4. Prepares and explains procedure 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: \_\_\_\_\_



P.O. Box 8719, Missoula, Montana 59807 USA

## **HOW TO USE YOUR MORGAN LENS COMPETENCY ASSESSMENT FORM**

Dear Educator/Competency Evaluator:

Enclosed you will find a competency form that can be used to assess your staff's proficiency in using the Morgan Lens. In order to properly assess their ability to demonstrate correct techniques for insertion and removal, we also have available a life-like training tool to use in conjunction with the competency assessment form.

Check Y (Yes) if the provider was able to perform all performance criteria correctly. If remediation or a repeat demonstration was required, indicate this by checking N (No) and RDR. Once the criteria has been met, indicate this by checking Y (Yes) on the form. Comments can be made at the bottom of the form to indicate excellent performances or to note areas in need of 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 instilling anesthetic agents with known allergies

## **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**

Some institutions have standing orders or protocols for use of the Morgan Lens. Because time is of the essence when treating a chemical burn, this is preferable as all medical providers should have the proper training and authorization to initiate immediate treatment. If a standing order is not available in your institution, a physician's order would be necessary before initiating therapy. The order should specifically include the use of the Morgan Lens, what type and strength of anesthetic to be instilled, and the type and amount of irrigation solution to be utilized.

**\*\*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

## **3. Verbalizes need for universal precautions**

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

## **4. Prepares and explains procedure to patient**

The irrigation procedure should be explained to the patient, stressing that the Morgan Lens will not be touching the injured eye 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. Letting the patient know that the process may be cold or wet is preferable over a statement that may cause further agitation.

## **5. Demonstrates proper set-up procedure**

- Gather necessary equipment. one or two 2 Morgan Lenses, topical anesthetic, one Morgan Lens Delivery Set, one bag of lactated Ringer's solution, two Medi-Ducts (note that IV tubing may be substituted for the Delivery Set, and towels, blue pads or some other collection device may be used in place of the Medi-Duct)
- Instill topical anesthetic, if no known allergies
- Attach Morgan Lens to Morgan Lens Delivery Set or I.V. tubing
- Prime tubing and Morgan Lens with irrigation solution

## **6. Demonstrates correct insertion technique**

- Start a minimal flow of irrigating solution
- 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

**7. Demonstrates securing tubing to forehead with tape**

The 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 (tape should be applied to the plastic sleeve and not the fabric in order to allow maximum flow). Towels, blue pads, or another suitable collection device may be used.

**8. Demonstrates proper methods for monitoring fluid level and flow rates during use**

During irrigation, periodically check the flow rate and ensure that the irrigation solution does not run out. Solution should run continuously throughout the process. Replace saturated blue pads or towels, or check that Medi-Duct is securely attached and wicking properly.

If additional anesthetic is needed, this can be done without removing the Morgan Lens. Pinch the tubing to temporarily stop the flow of irrigating solution and instill the anesthetic into the eye alongside the nose.

If patient wears contact lenses, these may be removed after a period of irrigation. Initial treatment should not be delayed to remove contact lenses, and often they are easier to remove once the eye has been irrigated. Since they may contain residual caustics, the contact lenses should be discarded after removal.

**9. Demonstrates proper removal technique**

- Continue flow
- Have patient look up, retract lower lid and hold position
- Slide the Morgan Lens out
- Terminate flow

**10. Verbalizes the necessary documentation components**

- Use of Morgan Lens
- Type, amount, and strength of topical anesthetic and absence of allergy to medication
- Type and amount of irrigating solution, and length of time of irrigation
- Other:
  - Which eye/eyes irrigated
  - Patient tolerance to procedure
  - Visual acuity (both pre- and post-therapy if available)
  - pH readings (both pre- and post-therapy if available)
  - Other injuries treated
  - Concurrent use of gross decontamination (if indicated)