

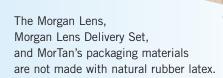
The Morgan Lens MorTan Inc.

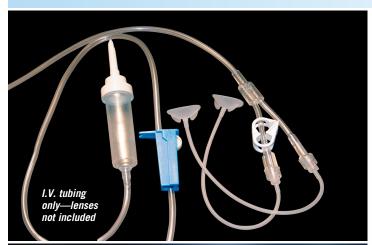
The Morgan Lens is the most effective method for treating ocular trauma. Widely used by physicians, nurses and other medical personnel for emergency eye irrigation, the Morgan Lens can deliver a continuous flow of solution to the injured eye within seconds, freeing medical staff to treat other injuries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

MT2000

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.







MT202

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.

MT63

The Medi-Duct®

The Medi-Duct is an ocular fluid management system designed to make irrigation with the Morgan Lens even more convenient. Its superabsorbent 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

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 words from our customers

...it is immediately apparent there is simply no substitute for this product. I have come to depend on this landmark device.

Physician, California

On many occasions, in cases of endophthalmitis, panopthalmitis, Stevens-Johnson Syndrome, corneal abscess, and alkali burns, I have used the Morgan Lens for continuous irrigation for seven to ten days, removing only long enough to examine the eyes. *Loran B. Morgan, M.D.*

...the soothing effect and the ability to prevent infection and further injury make the Morgan Lens a valuable asset. It does exactly what it's supposed to do

Registered Nurse, Montana

...paramedic inserted bilateral Morgan Lenses. He proceeded to flush both eyes simultaneously. On arrival to the ED...no further irrigation was necessary. Patient tolerated the entire procedure very well...The patient had a full recovery with no complications, thanks to the availability and efficiency of the Morgan Lens system. Registered Nurse, New Hampshire

It's efficient for the nurse and effective and comfortable for the patient.

ED Educator, Florida

...we don't give out recommendations... but we have been so happy with the Morgan Lens.

Physician-Ophthalmologist, Norway

To my great astonishment, the eye today had quieted down, the patient was without any pain, and the panophthalmitis seems to have disappeared to a large extent.

Physician-Ophthalmologist, Switzerland

...excellent results in all cases and no adverse effects seen...l believe those eyes would have been lost without continuous irrigation... *Physician, Italy*

...equivalent to having an additional staff member, because it frees the RN to do other things while the Morgan Lens system does its job.

Registered Nurse, Wisconsin

Patient absolutely could not tolerate the Normal Saline...lactated Ringer's worked like a charm. Paramedic, Online

While transporting him to the dispensary, his eyes were being irrigated.

Registered Nurse, Maryland

...could not effectively irrigate his eyes with IV tubing...

Physician, New York

...patient is not in any distress and the Morgan Lens is helpful in removing foreign bodies.

Registered Nurse, New York

It's especially appreciated when caring for young children.

Physician, California

...ease of use...free hands for patient care (instead of needing more hands)...comfort by patients.

Nurse Educator, Washington

...speed and efficiency...beneficial to both patients and staff

Registered Nurse, New Mexico

...minimizes the frustrations that accompanied irrigations...

Registered Nurse, Massachusetts

Excellent device. Atraumatic and well-tolerated — frees up nurse's hands. Efficient always. Physician, Canada

If I can use it on my own child and trust it, so can anyone!

Registered Nurse, Kentucky

Frees staff to continue work while auto-irrigation occurs.

Physician, Virginia

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)

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.

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	Lactated Ringer's* Solution	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	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.
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.



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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To order: 800-423-8659 email: mortan@morganlens.com

