

My Scleral Lens Training Checklist

Part 1: Lens handling

- I wash my hands with moisturizer-free soap and dry them thoroughly before lens handling.
- I understand that I must not let my lenses come in contact with water because of the risk of acanthamoeba keratitis.
- I always handle my right lens first.
- I have determined which position works best for me when applying or removing my sclerals (sitting, standing).
- I have a plan and supplies for my lens handling area at home that is comfortable and minimizes the risk of lens loss or breakage.

Part 2: Lens application

- I have the tool(s) and I have learned a technique that enables me to apply my sclerals successfully.
- I have demonstrated my application technique to my trainer's satisfaction.
- I feel confident that I can apply my sclerals independently every day.
- If I have trouble with application at home, I should stop after _____ (tries/minutes)
- If there are orientation dots on my sclerals, I know which way is up.
- If I will be using sclerals in both eyes, I know how to tell the right from the left.

Part 3: Lens removal

- I have the tool(s) and have learned a technique that enables me to remove my lens(es) successfully.
- I have demonstrated my removal technique to my trainer's satisfaction.
- I feel confident that I can remove my lens(es) independently every day.
- If I experience unusual symptoms after lens removal, such as excessive pain, redness or vision changes, I will contact my provider. My provider should be the judge of whether I need an appointment (not a Facebook group).

Part 4: Lens care (cleaning, disinfection, maintenance and storage)

- I have instructions for cleaning my lens(es) after removal, and what product(s) to use.
- I have instructions for daily disinfection of my lens(es), and what product(s) to use.
- (Only if applicable) I have instructions for additional specialty cleaner, such as a weekly protein remover.

- (Only if applicable) I have instructions for Tangible Boost in order to maintain my Hydra-PEG coating.
- I know how to safely store my lenses temporarily, such as when I am showering, napping or swimming, or simply not wearing my lenses for a few days.
- I know how to store spare lenses that I am not using regularly.

Part 5: Lens supply management

- I have a list of the products my doctor approves for the following purposes:
 - Application
 - Removal
 - Filling solution(s)
 - Rub cleaning solution (or multi-purpose solution, if applicable)
 - Disinfection solution (or multi-purpose solution, if applicable)
- (Yes/No) I need to use only solutions that are Hydra-PEG compatible.

Part 6: Lens wear

- I have instructions to limit my lens wear time Y/N
 - Details:
- (If applicable) I have discussed with my provider any scleral lens wearing limitations for the following:
 - Showering
 - Applying cosmetics
 - Napping
 - Working in extremely dry environments (indoor or outdoor)
 - Swimming
 - Diving
 - Climbing/camping
 - Other:

Part 7: Support

- I should contact _____ when I have a question or concern.
 - Phone:
 - Email:
 - Other:
- In an after-hours emergency, I should:
- I have discussed with my provider what symptoms or experiences should be considered “red flags” indicating I need to temporarily discontinue use and contact them.