

May 22, 2014

Catherine Colden

543 Pawnee Path
Lakeland, N.Y. 13524
Phone:
Cell 305-622-7869
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Husband: Robert Colden

Date of birth: July 23, 1968
Date of death: April 15, 2014

Past medical history:

Diabetes Type 1 since age 12, hypertension, kidney failure (dialysis for 2-3 years prior to 1997 kidney transplant), 2013 mini stroke (minor weakness in one arm), gastroparesis (slow digestion of food), depression

Past surgical history:

1997 kidney transplant, vitrectomy, cataracts, trigger fingers

Social history:

Married, one son age 11
Negative for smoking, alcohol, drug use
Mrs. Colden worked as a phlebotomist. She was out of work on disability due to her diabetes. She was a homemaker.

Mrs. Colden was a diabetic since the age of 12. She had an insulin pump for the past 11 years. At the time of this incident she had a Medtronic insulin pump # MMT 523 for 1½- years. She was depressed and on several antidepressants without improvement. Her psychiatrist recommended ECT treatments. She had had approximately six (electroconvulsive therapy) ECT treatments averaging 2-3/week over the previous 3-4 weeks.

(ECT is a procedure in which electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses. It often works when other treatments are unsuccessful.

ECT is much safer today and is given to people while they're under general anesthesia. Although ECT still causes side effects, it now uses electrical currents in a controlled setting to achieve the most benefit with the fewest possible risks.)

Catherine Colden's story as told by her husband Robert

(Robert Colden told me the times and the blood sugars might not be correct because he was telling me the story from memory. The exact times and blood sugars were recorded by the insulin pump. He has Mrs. Colden's insulin pump and glucometer.)

April 2, 2014 ECT at Livingston General Hospital (LGH)

Mrs. Colden was told not to have anything to eat or drink after midnight the evening before this procedure. She last ate or drank on April 1, 2014 at 9:30 PM. She was not given any instructions regarding changing the basal rate on her insulin pump overnight. She was to arrive at LGH at 6:00 AM and the ECT procedure was scheduled to be done between 7:00-7:30 AM.

April 2, 2014

4:30 AM

Mrs. Colden woke up and checked her blood sugar on her own glucometer. The reading was HIGH, there was no number reading. This meant that her blood sugar was higher than the glucometer could read. Mr. Colden said when they obtained a reading like this they were told to check the tubing connecting her to the pump and for her to give herself insulin. They checked the tubing and it appeared kinked so they changed the tubing and Mrs. Colden gave herself 5 units of insulin through the pump, the amount recommended for a HIGH reading.

6:00 AM

The Colden's arrived at LGH registration. Mrs. Colden checked her own blood sugar in the waiting room and it was in the 400's. She gave herself 3 units of insulin through the pump.

Mrs. Colden was brought into the pre-op area and her husband waited in the waiting room. He believes the nurse checked Mrs. Colden's blood sugar using LGH's glucometer. He was holding her glucometer in the waiting room. Mr. Colden is not sure if his wife took any more insulin.

Just before the procedure

Mr. Colden stated the nurse took his wife's blood sugar again and it was 250. Mrs. Colden entered into the pump she would eat 250 carbs (her pump was programmed to enter for carbs you would eat, then an insulin amount would show to cover for the amount of carbs you put in, if you agree with this amount of insulin you would hit deliver to receive the insulin, if not you could change the amount recommended). The amount recommended was 10 units of insulin and Mrs. Colden bolused herself. Mr. Colden stated he was unsure if anyone ever told his wife to take any insulin.

Mrs. Colden was given general anesthesia and the ECT lasted 1-2 minutes.

8:45 AM

Mr. Colden was called into recovery to see his wife. She was eating a cereal bar and her blood sugar was 100. She was discharged with instructions stating the next time you have an ECT to turn off and take off your insulin pump.

She was tired after the procedure and when they arrived home Mrs. Colden lay down on the couch and he went to work. She did not check her blood sugar again and she ate nothing.

He called her several times but she didn't answer. He called Mrs. Colden's Dad to check on her. When her father arrived she was bleeding from the mouth. Her father called 911 and she was brought to LGH emergency department via ambulance. Mrs. Colden had severe brain damage from her low blood sugar. She was in the hospital until she died on April 15, 2014.

The health care providers for the ECT procedure are unknown to Mr. Colden.

Dear Attorney,

My notes after speaking with Mr. Colden are attached.

Mrs. Colden inadvertently entered into the insulin pump she would eat 250 carbohydrates just prior to having a procedure even though she hadn't eaten or drank anything since the evening before. When prompted to give herself 10 units of insulin to cover these carbs she gave herself the 10 units of insulin. Mr. Colden is unaware if any health care provider ever told her to take any insulin.

To do a thorough investigation I would need to look at Mrs. Colden's insulin pump and glucometer readings and the medical record from LGH for the ECT procedure with their glucometer readings on April 2, 2014. We need to know if anyone knew she gave herself insulin and/or was she instructed to do so.

My experience with insulin pumps:

The patient is told to have nothing to eat or drink starting at midnight the night before the procedure. Anesthesia decides if the patient should keep the pump at their normal basal rate or to change it. The patient is told to check their blood sugar in the morning and to call the facility with any questions. The nurse checks the patient's blood sugar when they arrive at the hospital and depending on the reading anesthesia will order a bolus amount of insulin or not. The patient is told not to change the setting and not to bolus on their own without talking to the medical staff first. If the procedure is long the patient is told to shut the insulin pump off and their check blood sugar is checked while they are asleep.

Most diabetics are independent and know how to control their blood sugar with the pump.

Mrs. Colden might have accidentally bolused herself with no one knowing.

If you have questions please let me know.
Thank you,
Susan

Insulin pumps:

Insulin pumps deliver rapid or short-acting insulin 24 hours a day through a catheter placed under the skin. The insulin doses are separated into:

- Basal rates
- Bolus doses to cover carbohydrate in meals
- Correction or supplemental doses

Basal insulin is delivered continuously over 24 hours and keeps your blood glucose levels in range between meals and overnight. Often, you program different amounts of insulin at different times of the day.

When you eat, you use buttons on the insulin pump to give additional insulin called a bolus. You take a bolus to cover the carbohydrate in each meal or snack. If you eat more than you planned, you can program a larger bolus of insulin to cover it.

You also take a bolus to treat high blood glucose levels. If you have high blood glucose levels before you eat, you give a correction or supplemental bolus of insulin to bring it back to your target range.