03/10/2026 - Admission (Discharged) in Patient Care Unit 400

H&P Notes

H&P by Katherine Brenda Xiong, MD at 3/10/2026 0735

NEUROLOGY ADMISSION H&P

NAME: Levi Heller **MRN:** 52354446 **DOB:** 7/2/2020 **LOC:** PCU400

Admitting Service: Neurology
Attending: Katherine Brenda Xiong, *
Admission Date: 3/10/2026
PCP: Sky Pittson, MD

Identification / Chief Complaint: Levi is a 5-year-old male with a history of autism and speech delay first noticed at around age 2 to 3 years. Recent EMU for ESES, unable to tolerate lead placement.

Primary LPCH Neurologist: Lee-Messer

Source(s) of Information: Parent(s)

HISTORY OF PRESENT ILLNESS: Levi is a 5-year-old male with a history of autism and speech delay first noticed at around age 2 to 3 years.

Parents also noted other features such as that he would be excited and flap his hands. Some of these things seemed normal when they first noticed them, but they persisted and they noticed that he really was not making progress in his speech, but if he was motivated, he would be able to say something like green if presented with the possibility of getting M&Ms, or he might say, "Please, mom." However, since about July of 2025, this sort of speech output has dropped to 0.

To give an example about his speech, previously, if Levi was motivated, for example, with his favorite food for M&Ms, he would say words like green or say please mom in order to get the M&Ms he wanted. But now, even with the M&Ms, which he still really likes, he will not say anything, and he previously, although he was not putting words together very much, he knew quite a large number of words that could be used individually. They have not noticed a decrease in his other skills, like his motor skills, but he is more frustrated with the decrease in his ability to communicate. He still does understand commands.

In terms of epilepsy risks, Levi has never had a seizure. He has autism but there is no history of major CNS infection or stroke. There is a maternal cousin who in adulthood has epilepsy.

Seizure risk factors: He has no history of prematurity or delayed development, no known history of febrile seizures or infections of the brain/spine or incracranial stroke/hemorrhage, no history of significant head trauma. There is no family history of seizures.

Current medications:
Guanfacine liquid, 0.5 mg by mouth twice daily
Leucovorin 15mg by mouth twice daily
Miralax
Melatonin 1mg PRN

Prior medications:
None

Patient Active Problem List

Diagnosis	Date Noted
• Language regression	01/21/2026
• Autism spectrum disorder	06/11/2025

• Autism	01/24/2025
• Speech delay	01/24/2025
• Concern about growth	01/24/2025

Past History:
Birth History:
Levi's parents have a history of multiple miscarriages thought secondary to maternal autoimmunity. This led to them pursuing IVF for conception with ICSI and Levi was carried by a surrogate. The pregnancy was complicated by gestational diabetes in his surrogate mother, but he was born healthy. The accelerated growth was noted around age 1 when he was at the 99th percentile for age. He had been at the 75th percentile at birth, and he has continued to be large for his age with his parents being average sized. His development was noted to be abnormal around age 2 to 3 years old with his speech being delayed, and he started speech therapy around that time. It also noted some stereotypes that at first they thought might be normal, but they persisted for age 3 and age 4, and he was not making very much progress in his speech, although as mentioned, he did used to know quite a large number of words, but was not putting them together. He also has a fine motor delay, but seems to be on track in terms of gross motor abilities. They remember that he slept okay as a baby.

Past Medical History: autism, language regression
Past Surgical History: none
Development History:
- Speech delay first noted at 2-3 years old, made progress, then lost the little speech that he had a few months ago, at age 5
- Fine motor delay
- Normal gross motor development
- potty trained 3/2026 (age 5)

Family History: mother has Hashimoto's thyroiditis, and a maternal grandmother has multiple sclerosis and ulcerative colitis. A maternal cousin has epilepsy that was later in life around age 25. There is no history of unexpected childhood deaths. There is otherwise no family history of developmental delay, learning problems, seizures, brain tumors, or other neurologic disorders.

Social History:
-- lives at home with parents and 3 sibs

Diet / Feeds: regular

Medications:
No medications prior to admission.

Allergies: No Known Allergies

Immunization:
Immunization History

Administered	Date(s) Administered
• Pfizer COVID-19 Vaccine 6MO to 4YO (Maroon cap) – Dilution needed	07/11/2022, 08/15/2022

Vital Signs:
Initial Vital Signs
Temp

H&P Notes (continued)

Pulse
BP
MAP (mmHg)
Arterial Line BP #1
Arterial Line MAP # 1 (mmHg)
Resp
SpO2
FiO2 (%)
$ Patient Flow Rate (L/min)
Peripheral Pulse Rate
CVP (mmHg)

Measurements: (No weight on file for this encounter.%ile) | (No height on file for this encounter.) | (Normalized head circumference data available only for age 0 to 36 months.)

PHYSICAL & NEUROLOGIC EXAM: (Time of Exam: 1500)
Gen:
HEENT: Normocephalic, Sclera and conjunctiva clear, Moist mucous membranes
Pulm: Comfortable work of breathing
Ext: Extremities are warm and well perfused.
Skin: normal

NEUROLOGIC EXAM:
Awake, alert, no speech but makes needs known. Plays pretty calmly with tablet and MOP.
Facial movements spontaneously symmetric
Moves limbs against gravity symmetrically.
Tone normal symmetrically

Labs:
I have reviewed the labs.

Radiology & Imaging Studies:
No results found.

Other Results:

ASSESSMENT & PLAN:
Levi Heller is a 5-year 8-month old with autism (speech and fine motor delay) and recent speech regression who is admitted for ESES (electrographic status epilepticus of slow-wave sleep) evaluation. Has never had a seizure.

- cEEG
- No rescue needed, no IV needed.
- Lead placement to occur about 40 minutes after clonidine 0.2 mg p.o. plus risperidone 1 mg ODT
- If he removes EEG, can attempt to reinstall once if safe from tech staffing standpoint, but if we've capture a few hours of sleep, we will not rehook.
- ok for limited EEG montage if he doesn't tolerate full montage placement
- continue home meds leucovorin 15mg BID, guanfacine 0.5mg BID (first dose tomorrow given clonidine dose today)

I have discussed my assessment and plan with the attending physician, Dr. Xiong.

Referring Provider: Lee-Messer, Christopher William, MD, PhD, 730 Welch Rd Ste 206 Child Neurology / Palo Alto CA 94304, Ph: 650-723-0993, Fax: 650-721-6350
Primary Care Provider: Sky Pittson, MD, 2979 Woodside Rd The Village Doctor / Woodside CA 94062, Ph: 650-851-4747, Fax: 650-851-4343

Note completed by:
Akshara Balachandra, MD, MS
Neurology, PGY-3

Neurology B team (floor & ED consults, epilepsy monitoring patients): pager 12039

03/10/26

Supervising Physician Attestation

I saw the patient and discussed the management with the patient/parent(s). I reviewed the resident's note and agree with the documented findings and plan of care.

5-year old M with history of autism with associated speech and fine motor delay admitted for EEG background evaluation and assessment for ESES given concern for possible speech regression in the last year. Will attempt EEG placement and aim to keep on as long as tolerated - may consider replacement of electrodes if no sleep captured, but pending patient tolerance and staffing safety.

Katherine Brenda Xiong, MD

Electronically signed by Katherine Brenda Xiong, MD at 3/10/2026 9:44 PM

Procedure Note

Procedures by Katherine Brenda Xiong, MD at 3/10/2026 2111

Procedure Orders
1. EEG Video 24 hours (Inpatient Only) daily 0600 [856175695] ordered by Jackson Edward Toth, MD at 03/10/26 0739

CONTINUOUS EEG REPORT

Identifying Information
Name: Levi Heller **MRN:** 52354446 **DOB:** 7/2/2020 **Age:** 5-year 8-month old male **LOC:** PCU400 Observation
Study Date: 2026-03-11 1620 to 2120
Duration of Study: 5 hrs
EEG Number: E26-50
Requesting physician or Dept: Neurology/Christopher William Lee-Messer, MD, PhD

History & Indication: Levi is a 5-year-old male with a history of autism and speech delay first noticed at around age 2 to 3 years.

Premedicated with risperidone and clonidine.

Conditions of Recording: This is a continuous 24-channel digital video EEG, performed using the International 10-20 System for electrode placement. Additional eye monitors and one-channel EKG were recorded for purposes of artifact detection. The recording was scanned manually by technologist and/or readers for seizures. Technical quality is satisfactory.

CONTINUOUS EEG (3/10/2026)

INTERPRETATION:
This EEG is ABNORMAL due to:
- Very abundant, becoming near continuous in sleep, multifocal epileptiform discharges (spike wave index increases from 78% in wakefulness to 95-100% in sleep.)

Comments:
The presence of interictal epileptiform discharges indicates an increased risk of seizures.

Spike wave index is 95-100% at sleep onset which is above the traditional diagnostic criteria for electrical status epilepticus in sleep (ESES) of 85% or updated ESES Consortium criteria of 50%, however, management depends on clinical symptoms in association with these findings.

Detailed Findings:

Background EEG
Awake: The record is continuous, of normal amplitude and bilaterally symmetrical. There is a well-developed posterior dominant rhythm of 8-9 Hz. There is a moderate amount of diffuse low amplitude 15-25 Hz beta activity and an appropriate amount of 4-7 Hz theta activity during wakefulness. No significant <4 Hz delta activity is present during wakefulness.

Sleep: With drowsiness, there is attenuation of the background alpha activity and shift to slower frequencies. As the patient enters into light sleep, vertex waves, symmetrical spindles, and positive occipital sharp activity of sleep (POSTs) are noted. Transition to the waking state is unremarkable.

Focal Slowing: None

Procedure Note (continued)

Epileptiform Activity: Very abundant, becoming near continuous in sleep, multifocal epileptiform discharges. These are seen in O1, O2, P4, T3, T4-T6,

In wakefulness, the SWI is 78%.
In sleep, a spike wave index (SWI) was calculated from 1657-1702, (for 5 minutes) starting after the waking background rhythm had disappeared. Over the next 5 minutes, the number of seconds containing at least one spike wave was scored. There was a spike wave index of 95-100%. Qualitatively, SWI was as elevated continuously throughout all of non-REM sleep.

Seizures / Patient Events: None

Report prepared by: Jessie Kulaga-Yoskovitz, MD
Interpreting Attending: Katherine Brenda Xiong, MD

Teaching Physician Attestation

I reviewed the EEG tracing and the fellow's note, discussed the case with the fellow, and agree with the documented findings above.
Katherine Brenda Xiong, MD

Electronically signed by Katherine Brenda Xiong, MD at 3/11/2026 2:09 PM

Discharge Summary

Discharge Summary by Katherine Brenda Xiong, MD at 3/10/2026 2111

NEUROLOGY INPATIENT DISCHARGE SUMMARY

NAME: Levi Heller **MRN:** 52354446 **DOB:** 7/2/2020 **LOC:** PCU400

Admitting Service: Pediatric Hospital Medicine
Attending: Katherine Brenda Xiong, *
Attending on Discharge Date: Xiong
Date of Discharge: 3/10/2026

Admission Date: 3/10/2026
PCP: Sky Pittson, MD

Principal/Final Diagnosis: autism

Hospital Problems:

Active Hospital Problems

Diagnosis	Date Noted
• Language regression	01/21/2026
• Speech delay	01/24/2025

Resolved Hospital Problems
No resolved problems to display.

Principal Procedure During This Hospitalization: Continuous video EEG

Reason for Admission: vEEG monitoring for spell capture and differential diagnosis

History of Present Illness:
As per admission H&P:
Levi is a 5-year-old male with a history of autism and speech delay first noticed at around age 2 to 3 years.

Parents also noted other features such as that he would be excited and flap his hands. Some of these things seemed normal when they first noticed them, but they persisted and they noticed that he really was not making progress in his speech, but if he was motivated, he would be able to say something like green if presented with the possibility of getting M&Ms, or he might say, "Please, mom." However, since about July of 2025, this sort of speech output has dropped to 0.

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In terms of epilepsy risks, Levi has never had a seizure. He has autism but there is no history of major CNS infection or stroke. There is a maternal cousin who in adulthood has epilepsy.

Seizure risk factors: He has no history of prematurity or delayed development, no known history of febrile seizures or infections of the brain/spine or incracranial stroke/hemorrhage, no history of significant head trauma. There is no family history of seizures.

Current medications:
Guanfacine liquid, 0.5 mg by mouth twice daily
Leucovorin 15mg by mouth twice daily
Miralax
Melatonin 1mg PRN

Hospital Course:
Levi Heller was admitted to the EMU for EEG. He was premedicated with risperidone and clonidine. He initially tolerated EEG

Discharge Summary (continued)

placement but ripped off his leads around 7:30pm. Some sleep was captured and a rough SWI is able to be calculated. Will follow up results with outpatient epileptologist.

Pertinent Labs and Studies: see attached EEG report

Discharge Vital Signs:
There were no vitals filed for this visit.

Discharge
Vitals:

	03/10/26 1400
Weight:	**(!) 34.2 kg (75 lb 6.4 oz)**
Height:	125 cm (4' 1.21")

Discharge Physical Exam:
Gen:
HEENT: Normocephalic, Sclera and conjunctiva clear, Moist mucous membranes
Pulm: Comfortable work of breathing
Ext: Extremities are warm and well perfused.
Skin: normal

NEUROLOGIC EXAM:
Awake, alert, no speech but makes needs known. Plays pretty calmly with tablet and MOP.
Facial movements spontaneously symmetric
Moves limbs against gravity symmetrically.
Tone normal symmetrically

Patient/Family Hospital Summary (from AVS):

Medication List

START taking these medications

leucovorin 15 mg tab
Commonly known as: WELLCOVORIN
Take 1 tablet by mouth 2 times a day.

STOP taking these medications

cloNIDine 0.01 mg/mL CPD oral susp

risperiDONE 1 MG ODT tab
Commonly known as: RisperDAL M-TABS

Discharge Summary (continued)

Where to Get Your Medications

These medications were sent to LPCH Outpatient & Specialty Pharmacy

4600 Bohannon Dr. Suite 120, Menlo Park CA 94025

Phone: 650-497-8289

- leucovorin 15 mg tab

Instructions to Patient/Family
See AVS for details, no medication changes

Follow Up Care:

Future Appointments

	Provider	Department
3/12/2026 5:15 PM	Christopher William Lee-Messer, MD, PhD	Neurology Clinic
9/9/2026 2:30 PM	Christopher William Lee-Messer, MD, PhD	Sunnyvale Neurology Clinic

Patient Condition & Functional State at Discharge: Stable

Disposition: Home

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Note completed by:
Jackson Toth, MD
Child Neurology PGY-5
3/11/2026

Supervising Physician Attestation

I saw the patient and discussed the management with the patient/parent(s). I reviewed the resident's note and agree with the documented findings and plan of care.

5-year old M with hx of autism and concern for language regression. Admitted for overnight EEG for capture of sleep. EEG with abundant multifocal spikes in awake and activated in sleep. Will follow up with outpatient neurologist for treatment recommendations.
Katherine Brenda Xiong, MD

03/10/2026 - Admission (Discharged) in Patient Care Unit 400 (continued)

Discharge Summary (continued)

Electronically signed by Katherine Brenda Xiong, MD at 3/11/2026 2:08 PM

03/10/2026 - Admission (Discharged) in Patient Care Unit 400 (continued)

Procedures

EEG Video 24 hours (Inpatient Only) daily 0600 (Edited Result - FINAL)

Electronically signed by: **Jackson Edward Toth, MD on 03/10/26 0739** Status: **Completed**
Ordering user: Jackson Edward Toth, MD 03/10/26 0739 Ordering provider: Jackson Edward Toth, MD
Authorized by: Katherine Brenda Xiong, MD Ordering mode: Standard
Frequency: Routine daily 0600 03/10/26 1425 - Until Specified Class: Hospital Performed
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: Akshara Rao Balachandra, MD (auto-released) 3/10/2026 2:24 PM

Questionnaire

Question	Answer
Special Instructions	For observed seizure-like activity, press button on VEEG machine and make notation on VEEG log.

Resulted: 03/10/26 2111, Result status: Edited Result - FINAL

EEG Video 24 hours (Inpatient Only) daily 0600

Ordering provider: Jackson Edward Toth, MD 03/10/26 1424 Order status: Completed
Filed by: Katherine Brenda Xiong, MD 03/11/26 1409 Resulting lab: EEG PROCEDURES
Narrative:
Katherine Brenda Xiong, MD 3/11/2026 2:09 PM
CONTINUOUS EEG REPORT

Identifying Information
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03/10/2026 - Admission (Discharged) in Patient Care Unit 400 (continued)

Procedures (continued)

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Seizures / Patient Events: None

Report prepared by: Jessie Kulaga-Yoskovitz, MD
Interpreting Attending: Katherine Brenda Xiong, MD

Teaching Physician Attestation
I reviewed the EEG tracing and the fellow's note, discussed the case with the fellow, and agree with the documented findings above.
Katherine Brenda Xiong, MD

Acknowledged by: Katherine Brenda Xiong, MD on 03/11/26 1415

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
244 - EEG	EEG PROCEDURES	Unknown	Palo Alto CA 94304	01/27/20 1404 - Present

All Reviewers List

Katherine Brenda Xiong, MD on 3/11/2026 14:15