

Name: Levi Heller | DOB: 7/2/2020 | PCP: Sky Pittson, MD

Discharge Summary (Levi)

Updated Mar 11, 2026

Discharge Summary by Katherine Xiong, MD at 3/10/2026 9:11 PM

NEUROLOGY INPATIENT DISCHARGE SUMMARY

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

Admitting Service: Pediatric Hospital Medicine

Admission Date: 3/10/2026

Attending: Katherine Brenda Xiong, *

PCP: Sky Pittson, MD

Attending on Discharge Date: Xiong

Date of Discharge: 3/10/2026

Principal/Final Diagnosis: autism

Hospital Problems:

Active Hospital Problems

Diagnosis

- Language regression
- Speech delay

Date Noted

01/21/2026

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.

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 intracranial 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 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

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

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:

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