WARD ROUND SUMMARY	Date	Time:	D
(attach patient label or complete fully) Patients full name	Consultant / Fellow / Registrar (circle)		R
	Diagnosis		A
NHI			T
Comments			
			O
	Discharge: Yes / N	No	C
	Follow up instructi	ions:	
	OP clinic: Other (specify)	wks	E
			Ť
Diet NBM /30ml/hr /CF /FF / Full (circle)	Signed		

Figure 1: Proforma

**Table 1** Number and percentage of cases with specified time and date, signature, impression and dietary plan in the notes after PACWR before and after the introduction of the proforma; A) Regardless of whether a proforma was filled out, B) Restricted to cases with a proforma filled out

Α		Before N (%)	After N (%)	P-value
	Date and time	40 (37)	75 (72)	<0.01*
	Signature	94 (87)	89 (89)	0.89
	Impression	43 (40)	63 (61)	<0.01*
	Dietary plan	54 (50)	62 (60)	0.13
	All of the above documented	14 (13)	32 (31)	<0.01*
	Total	108 (100)	103(100)	

<sup>\*</sup> Statistically significant

В		Before N (%)	After N (%)	P-value
	Date and time	40 (37)	61 (78)	<0.01*
	Signature	94 (86)	70 (90)	0.57
	Impression	43 (40)	55 (75)	<0.01*
	Dietary plan	54 (50)	53 (68)	<0.05*
	All of the above documented	14 (13)	27 (35)	<0.01*
	Total	108 (100)	78 (100)	

<sup>\*</sup> Statistically significant

**Table 2** Number and percentage of cases for which the nurses were unsure of their dietary plan and had to contact the surgical team after PACWR before and after the introduction of the proforma

	Before N (%)	After N (%)	P-value
Nurse unsure of the patients' dietary plan	15 (20)	11 (12)	0.13
Nurse contacted the team for clarification	9 (12)	8 (9)	0.45
Total	73 (100)	92 (100)	