OSCE checklist for ABCDE assessment

An OSCE checklist for ABCDE assessment covers checking for danger, calling for help early, assessing airway, breathing, circulation, disability and exposure in order, treating problems as you find them, reassessing and handing over.

OSCE checklist for ABCDE assessment: steps to practise

1. Check the area is safe, clean your hands, put on PPE, introduce yourself and ask the patient how they are. A normal reply suggests the airway is open and the brain is perfused.
2. If the patient is unresponsive and not breathing normally, call the resuscitation team and start CPR. Call for help early in any very unwell patient.
3. Airway: look, listen and feel for obstruction. Use simple airway manoeuvres and suction if needed. Give oxygen to the target saturation set by local guidance.
4. Breathing: count the respiratory rate, check oxygen saturation, look at chest movement, percuss and listen. Use a lower oxygen target for patients at risk of hypercapnic respiratory failure, as guidance says.
5. Circulation: check pulse, blood pressure, capillary refill, skin colour and temperature. Look for bleeding, gain IV access, take bloods and consider an ECG and urine output. Give fluids only as prescribed or per your local protocol.
6. Disability: assess consciousness with ACVPU or GCS, check the pupils and the blood glucose, and treat low blood glucose as your protocol says.
7. Exposure: expose the patient to examine fully, check temperature, look for rashes, bleeding or swelling, and keep them warm and covered for dignity.
8. Treat each problem as you find it before moving on, and reassess after each intervention.
9. Calculate NEWS2 and escalate as it directs. Any life-threatening finding needs an immediate call to a senior or the outreach or emergency team.
10. Review the notes, observation chart and drug chart, then hand over using SBAR and document.

What candidates commonly forget

- Not calling for help early

- Not recognising cardiac arrest and starting CPR
- Moving on before treating a problem
- Forgetting the blood glucose
- Not reassessing after each step
- Not calculating NEWS2 or escalating
- Not using a structured handover

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try Unwell ward patient with a rising early warning score. Back to the OSCE stations for medical finals page: OSCE stations for medical finals, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for ABCDE assessment?

Check for danger, call for help early, then airway, breathing, circulation, disability and exposure in order, treat problems as found, reassess, calculate NEWS2, escalate and hand over with SBAR.

What does ACVPU mean?

Alert, new confusion, responds to voice, responds to pain, unresponsive. NEWS2 uses ACVPU, which adds new confusion to the older AVPU scale.

When do I call for help?

As soon as you find a life-threatening problem or the patient is very unwell, not at the end.

Sources

- Resuscitation Council UK: ABCDE approach
- Royal College of Physicians: National Early Warning Score (NEWS2)

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.