OSCE stations for mental health nursing: alcohol withdrawal

OSCE stations for mental health nursing: an alcohol withdrawal nursing screen identifies symptoms and history that need urgent supervised assessment rather than an unsupervised detox plan. Use this original practice checklist with your course guidance and supervised skills teaching.

Numbered practice steps

1. Check immediate physical safety, responsiveness and breathing first; summon help for seizures, severe confusion or deterioration. Introduce yourself, confirm identity, explain the assessment and obtain appropriate consent. Use hand hygiene before contact without delaying emergency care.
2. Ask about the last drink, usual drinking pattern and any recent reduction. Use respectful language and explain why an accurate history helps keep them safe.
3. Ask about previous withdrawal, seizures, severe confusion or hospital treatment. Establish any other substances, medicines, injuries and physical illnesses.
4. Assess observations, alertness, tremor, sweating, agitation and hydration using local guidance. New confusion, hallucinations or seizures require urgent clinical help.
5. Use a withdrawal assessment tool only where trained and under local policy. A score supports clinical judgement and must not replace review of a deteriorating person.
6. Escalate findings promptly and follow the prescribed monitoring plan. Explain the need for supervised care; do not advise abrupt withdrawal at home or give a detox regimen.
7. Close by checking understanding, ensuring comfort and cleaning your hands and equipment as appropriate. Document findings and hand over any unresolved safety concern to the supervising practitioner.

Common omissions

Smell of alcohol does not exclude withdrawal or another serious illness. Assuming agitation is behavioural may miss deterioration. A previous seizure is important even if current symptoms look mild.

Try an original practice task

Rehearse a handover describing the last drink, previous withdrawal complications and current observations. Explain to the person why a clinician needs to review them now.

These steps support learning, rather than authorising independent treatment. Follow your school's task and local policy; ask for help when a decision exceeds your competence.

Related nursing practice

Return to mental nursing OSCE practice or use the full checklist directory.

Common questions

Is this a school marking sheet?

No. This is an original learning checklist. Your school sets the task and assessment criteria.

Can I print this checklist?

Yes. Use the PDF download on this page for practice.

Sources

- NMC: The Code
- NICE CG100: alcohol-related physical complications

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