OSCE checklist for bedpan and urinal use

An OSCE checklist for bedpan and urinal use covers privacy, comfortable positioning, safe placement and removal, hygiene after toileting, measuring output where needed and cleaning the equipment.

OSCE checklist for bedpan and urinal use: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth against the wristband, ask whether they need to pass urine or open their bowels, and gain consent.
2. Check the moving and handling plan and any limits, such as a hip fracture, where a slipper (fracture) pan may be needed.
3. Close the curtains and collect a clean bedpan or urinal with its cover, toilet paper, wipes or warm water, gloves, an apron and a waste bag.
4. Clean your hands and put on gloves and an apron. Raise the bed to a safe working height and apply the brakes.
5. For a bedpan, ask the patient to bend the knees and lift the hips, or roll them to one side with a colleague as the moving and handling plan says, and place the bedpan so the narrow end faces the feet.
6. For a urinal, help a man to place the penis inside, or help him stand by the bed if safe. Help a woman with a female urinal if used.
7. Raise the head of the bed if allowed, lower the bed, give toilet paper and the call bell within reach, and leave the patient in private only if it is safe.
8. Return when called, remove the pan or urinal carefully so nothing spills, and cover it.
9. Help the patient to clean and dry the perineal area from front to back, then offer them hand washing.
10. Observe the urine or stool for colour, amount, blood or unusual smell. Measure the urine if the patient is on a fluid balance chart and collect a specimen if requested.
11. Dispose of waste in the sluice, clean or dispose of the equipment as policy says, remove gloves and apron, and clean your hands.
12. Record the output, and report blood, very dark or little urine, diarrhoea or other changes to the nurse in charge.

What candidates commonly forget

- Not protecting privacy
- Not checking the pan is the right way round
- Leaving the patient without the call bell
- Spilling contents when removing it
- Not offering handwashing to the patient
- Forgetting to record output or report blood

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 Personal care for a patient with vomiting and diarrhoea. Back to the nursing foundation OSCE page: nursing foundation OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for bedpan use?

Explain, gain consent and protect privacy, place the pan safely, leave the call bell within reach, remove it without spilling, help with cleaning front to back, observe the contents, clean up, record and report.

How do I help a patient who cannot lift their hips?

Roll the patient to one side with a colleague, place the pan against the buttocks, then roll them back onto it, following the moving and handling plan.

What should I record after bedpan use?

Time, amount of urine if measured, stool type if charted, colour and anything unusual such as blood.

Sources

- NMC: standards of proficiency for registered nurses
- NICE CG139: infection prevention and control

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