OSCE checklist for ECG recording

An OSCE checklist for ECG recording covers consent and privacy, preparing the skin, placing the four limb electrodes and six chest electrodes in the correct places, recording a clear 12-lead trace, labelling it and showing it to a senior at once if the patient has chest pain.

OSCE checklist for ECG recording: steps to practise

1. Wash your hands, introduce yourself, confirm identity (name, date of birth and wristband), explain that the test is painless and gain consent. Offer a chaperone.
2. Ask if the patient has chest pain now. If they do, get help straight away while you record the ECG.
3. Check the machine, paper and electrodes, and ask the patient to lie back in a comfortable semi-reclined position, relaxed and warm. Note the position on the trace if it is different.
4. Expose the chest, wrists and ankles while keeping the patient covered as much as possible.
5. Prepare the skin by cleaning it and, with consent, clipping hair if needed. Dry the skin.
6. Place the limb electrodes on the wrists and ankles: red on the right arm, yellow on the left arm, green on the left leg and black on the right leg. If you must use other places, note it on the trace.
7. Place the chest electrodes: V1 in the fourth intercostal space at the right edge of the sternum, V2 at the left edge, V4 in the fifth intercostal space on the mid-clavicular line, V3 midway between V2 and V4, V5 on the anterior axillary line level with V4, and V6 on the mid-axillary line level with V4 and V5.
8. In patients with breasts, place V4 to V6 under the breast, not on it.
9. Ask the patient to stay still and breathe normally, then record the trace.
10. Check the trace is clear, without movement or interference, and repeat if needed.
11. Label the trace with the patient's details, date and time, and note symptoms such as chest pain at the time of recording.
12. Show the trace to the doctor or nurse in charge straight away if the patient has chest pain or you see any concern. Then remove the electrodes, help the patient dress, wash your hands and record that it was done.

What candidates commonly forget

- Wrong chest lead positions
- Placing chest electrodes on the breast
- Not asking about chest pain first
- Not offering a chaperone or protecting dignity
- Not labelling the trace with the time and symptoms
- Not passing it on at once when the patient has chest pain

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 Recording a 12-lead ECG for a man with chest discomfort. Back to the medical surgical nursing OSCE page: medical surgical nursing OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for ECG recording?

Wash hands, confirm identity, explain and gain consent, offer a chaperone, position the patient, prepare the skin, place limb and chest electrodes correctly, record a clear trace, label it, show it to a senior at once if there is chest pain, and record.

Where do V1 and V2 go?

In the fourth intercostal space, at the right and left edges of the sternum.

Do I need to read the ECG?

Only if your course expects it. Often the nursing task is to record it well and show it to the right person quickly.

Sources

- NHS: electrocardiogram (ECG)
- NICE CG95: recent-onset chest pain of suspected cardiac origin

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