OSCE checklist for gastric lavage

An OSCE checklist for gastric lavage is mainly a safety checklist, because the procedure is rarely used and carries serious risks, mostly to the airway. Some nursing courses still teach it, so the steps below are for practice only.

OSCE checklist for gastric lavage: steps to practise

1. Confirm that a senior clinician has ordered the procedure and that it is appropriate. Check the poison, the time and the patient's condition. Lavage is not used after corrosive poisons.
2. Check the airway and consciousness. If the airway is not protected, say it needs protecting first.
3. Wash or rub your hands. Gather a large tube, lubricant, funnel or syringe, measured fluid, containers and suction.
4. Introduce yourself, explain and gain consent, or follow the emergency rule if the patient cannot consent.
5. Position the patient as your course teaches, usually on the left side with the head slightly lowered, with suction ready.
6. Measure and pass the tube, then confirm that it is in the stomach before going on.
7. Aspirate first, and keep the first sample for testing and the record.
8. Run in and drain out small measured amounts of fluid, as ordered, and keep a record of what goes in and out.
9. Continue until your order says to stop. Watch the patient's breathing, colour and heart rate throughout.
10. Remove the tube carefully, then clean the patient and make them comfortable.
11. Record everything, including the samples sent, and report to the team.

What candidates commonly forget

- Saying that it is not routine and it is only done on instruction.
- Airway protection and suction at hand.
- Confirming the tube position.

- Keeping the first sample.
- A balanced record of fluid in and out.

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. Many modern guidelines say gastric lavage should not be used routinely, and some places do not do it at all. Check what your course and local policy say. You can practise with an AI patient, and try one station free with no sign-up. See also the general OSCE nursing checklist.

Common questions

Is gastric lavage still used?

Rarely. Evidence reviews advise against routine use, and it should be done only by trained staff on a clear indication.

What is the main risk of gastric lavage?

Aspiration into the lungs and other complications. That is why the airway check comes first.

Why keep the first aspirate?

It may be needed for testing and as a record of what the patient took.

Sources

- Position paper update: gastric lavage for gastrointestinal decontamination (Clinical Toxicology, 2013)
- WikEM: Gastric lavage, summarising the position paper

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