OSCE checklist for hot application

An OSCE checklist for hot application covers checking the order and whether heat is safe for this patient, preparing the heat source with a cover, checking comfort, watching the skin closely, removing it at the set time and recording the result.

OSCE checklist for hot application: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain why heat is being used and gain consent.
2. Check the order or care plan and that your setting allows the heat source. Many UK hospitals do not allow hot water bottles, so follow local policy on which devices may be used.
3. Check for reasons not to use heat, such as reduced sensation, diabetes or nerve damage, poor circulation, broken skin, a fresh injury or swelling, a possible bleed, or a patient who is confused, sedated, very young or very old and cannot tell you it is too hot. If any apply, do not start and ask the nurse in charge.
4. Collect the approved heat source, a cover or towel and a clean tray. Prepare it exactly as the product instructions and your policy say. Never use boiling water.
5. Check the device for leaks or damage and wrap it in a cover or towel so it never touches the skin directly.
6. Check the skin at the site first. Then hold it near the skin for a moment and ask whether the warmth is comfortable.
7. Place it over the area for the time in the order or policy only. Do not let the patient lie on it.
8. Check the skin often during the application for redness, blistering, swelling or pain, and remove it at once if any appear or the patient says it is too hot.
9. Remove it at the set time, check the skin again, make the patient comfortable and clean your hands.
10. Record the site, the start and stop times, the skin before and after and how the patient felt. Report any redness that does not fade or a burn to the nurse in charge at once.

What candidates commonly forget

- Putting a heat source straight on the skin
- Using heat on a patient with reduced sensation, diabetes or poor circulation
- Using heat on a fresh injury or near bleeding
- Not checking the skin during the application
- Not checking local policy on which heat sources are allowed
- Not recording start and stop times

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 A new blister on a foot with reduced sensation. 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 hot application?

Confirm identity and consent, check the order and local policy, check for reasons not to use heat, prepare the heat source with a cover, check comfort, apply for the set time, check the skin during and after, then record and report.

When should I avoid hot application?

Avoid it over broken skin, a fresh injury or near bleeding, over areas with reduced sensation or poor circulation, and in patients who cannot tell you if it is too hot. Ask the nurse in charge if unsure.

How long should heat be applied?

Use the time in the order or your local policy and remove it sooner if the skin changes or the patient is uncomfortable.

Can I use a hot water bottle in hospital?

Only if your local policy allows it. Many UK hospitals do not, because of the risk of burns.

Sources

- NMC: standards of proficiency for registered nurses
- NMC: The Code

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