OSCE checklist for intradermal injection

An OSCE checklist for intradermal injection covers checking the prescription and allergies, gaining consent, choosing a site on the inner forearm, inserting the needle almost flat to raise a small bleb, not massaging the site, disposing of the needle at once and observing and recording the reaction.

OSCE checklist for intradermal injection: steps to practise

1. Check the prescription or patient group direction for the right patient, product (for example a tuberculin skin test or BCG vaccine), dose, route, time and expiry date.
2. Check allergies (including latex) and any reasons not to give it, and ask a registered professional if you are unsure.
3. Wash your hands, introduce yourself, confirm identity (name, date of birth and wristband if an inpatient), explain the procedure and gain consent.
4. Make sure anaphylaxis equipment and help are available.
5. Collect the product, a syringe and a fine needle as the product guidance says, a sharps bin at the point of use, and gloves if your policy says.
6. Choose the site the product guidance says, often the inner forearm, avoiding skin that is hairy, scarred, tattooed or broken.
7. Make sure the skin is clean, and if your policy uses an alcohol swab, let it dry fully.
8. Stretch the skin and hold the needle almost flat to the skin with the bevel facing up.
9. Insert the needle just under the surface and inject slowly until a small pale raised bleb appears. Do not force it if there is strong resistance.
10. Withdraw the needle, do not massage or cover the site with a tight plaster, and put the needle and syringe straight into the sharps bin without recapping.
11. Remove gloves, wash your hands, and ask the patient to stay for the observation time your policy says. Get help at once if there are signs of anaphylaxis.
12. Record the product, batch number, site, time and any reaction, and tell the patient when and how the site will be checked.

What candidates commonly forget

- Inserting too deeply
- Massaging the site
- Not checking allergies
- Not having anaphylaxis equipment ready
- Recapping the needle
- Not recording the batch number and site

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. Needle size, site, observation time and when to read a skin test depend on the product and 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. 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 intradermal injection?

Check the prescription and allergies, wash hands, confirm identity and consent, check the product, choose a site, insert almost flat to raise a bleb, do not massage, put the needle straight in the sharps bin, observe and record.

What should I see after injecting?

A small, pale, raised area called a bleb. If there is no bleb, the injection may have gone too deep. Tell your supervisor.

Why observe after the injection?

To spot an allergic reaction early. Know where the emergency equipment is and how to call for help.

Sources

- GOV.UK: Immunisation against infectious disease (the Green Book)
- WHO: vaccines and immunization

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