OSCE checklist for log rolling

An OSCE checklist for log rolling covers assessing why the patient needs to be turned as one unit, gathering enough helpers, keeping the spine in line and checking the skin and the equipment.

OSCE checklist for log rolling: steps to practise

1. Confirm the instruction for log rolling and the reason, such as a possible spinal injury or spinal surgery, and check any limits on movement or collar care.
2. Clean your hands, introduce yourself, confirm the patient's name and date of birth against the wristband, explain what will happen and gain consent.
3. Check and record the patient's pain and the feeling and movement in the arms and legs before the turn.
4. Gather enough trained staff for the patient's size and injury. One person holds the head and neck in line and gives all the commands.
5. Raise the bed to a safe working height, apply the brakes, and lay the bed flat if allowed. Use a slide sheet as your policy says.
6. Place a pillow between the knees if instructed, and position the arms across the chest or by the side as your team agrees.
7. Agree the command, such as 'ready, brace, roll', and make sure every person understands it before you start.
8. On the command, turn the patient as a single unit, keeping the head, shoulders, trunk and hips in line.
9. While the patient is on their side, check the skin of the back and sacrum for pressure damage and change linen if needed.
10. On the command, return the patient to the position ordered, support with pillows, and check all tubes and lines.
11. Check the patient's pain and the feeling and movement in the arms and legs again. Report new pain, numbness, tingling or weakness to the nurse in charge and medical team at once.
12. Lower the bed, leave the call bell in reach, clean your hands and record the time, the team, skin findings and the patient's response.

What candidates commonly forget

- Not agreeing a command before the turn
- Letting the head lag behind the shoulders
- Twisting the trunk
- Not checking feeling and movement before and after
- Not checking the skin of the back
- Forgetting to report new numbness, weakness or 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 A morning review on the surgical ward. 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 log rolling?

Check the instruction and reason, gain consent, check feeling and movement, gather trained staff, give clear commands from the head, turn the patient as one unit with the spine in line, check the skin, reposition, recheck feeling and movement, record and report.

How many people are needed to log roll?

It depends on the patient, the injury and local policy. Never log roll alone. Ask your school for its minimum number.

Why is the head person important?

They keep the head and neck in line and give the commands, which keeps the spine in line during the turn.

Sources

- NMC: standards of proficiency for registered nurses
- NICE NG41: spinal injury assessment and initial management
- NICE CG179: pressure ulcers

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