OSCE checklist for oral temperature

An OSCE checklist for oral temperature covers confirming the patient can safely hold a thermometer in the mouth, placing it in the sublingual pocket, waiting for the signal, reading it and recording it with the route.

OSCE checklist for oral temperature: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth against the wristband, explain the task and gain consent.
2. Check that the oral route is suitable: an adult or older child who is awake, able to close the lips, not vomiting, not short of breath and not after mouth surgery or injury. Do not use the oral route in children under 5.
3. Ask whether they have had a hot or cold drink, smoked or eaten recently, and wait as long as your device instructions or local policy say.
4. Use a clean electronic thermometer with a fresh single-use probe cover.
5. Ask the patient to lift the tongue and place the tip under it, to one side, in the sublingual pocket.
6. Ask them to close their lips gently and not bite the thermometer.
7. Wait for the signal or the time your device needs, and hold the thermometer if the patient is weak.
8. Read the display and note whether the value is normal on your chart.
9. Discard the probe cover into the correct waste, clean the device and clean your hands.
10. Record the temperature, the route (oral) and the time, and compare with the previous reading.
11. Report a high or low temperature to the nurse in charge, together with the other vital signs and NEWS2 score. Escalate urgently if the patient looks unwell or you suspect sepsis.

What candidates commonly forget

- Not checking for a recent hot or cold drink
- Using an oral thermometer on a confused or breathless patient, or on a young child
- Placing it in the wrong part of the mouth

- Forgetting to record the route
- Not cleaning the device between patients
- Recording a fever without telling anyone

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 Fever and rapid breathing in general practice. 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 oral temperature?

Confirm identity and consent, check an oral reading is safe, wait after hot or cold drinks, place the thermometer under the tongue, wait for the signal, read it, clean the device, record the value with the route and report anything abnormal.

When should I not take an oral temperature?

Avoid it in patients who are confused, drowsy, unconscious, having seizures, short of breath, unable to close their lips, or who have had mouth surgery or injury. Do not use the oral route in children under 5. Choose another route.

Do I say the normal range?

Yes, from the chart your school uses. Different thermometers and routes read slightly differently.

Sources

- NMC: standards of proficiency for registered nurses
- NICE NG143: fever in under 5s

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