OSCE checklist for paediatric examination

An OSCE checklist for paediatric examination covers building trust, observing from a distance, checking vital signs for age, then examining the chest, heart, abdomen, skin, ears and throat in an order that keeps a young child calm, and escalating warning signs.

OSCE checklist for paediatric examination: steps to practise

1. Clean your hands, introduce yourself to the parent and child, confirm the child's name and date of birth (and wristband if an inpatient) and check the adult's relationship to the child.
2. Explain the examination, gain consent from the parent and agreement from the child, offer a chaperone, get down to their level and keep the child with the parent where possible.
3. Observe before you touch: colour, breathing effort, noises such as stridor or wheeze, activity, alertness and hydration.
4. Check the temperature, heart rate, respiratory rate, oxygen saturation and capillary refill, and compare them with the normal values for the age on your local paediatric early warning chart.
5. If the child looks seriously unwell, call for senior help early and assess airway, breathing, circulation and disability before anything else.
6. Plot or check the weight and length or height, and head circumference in an infant, on a growth chart.
7. Examine the chest while the child is calm, looking for recession, then listening.
8. Listen to the heart, check pulses and look for a murmur.
9. Examine the abdomen, starting away from any pain, and check for tenderness, masses and organ enlargement.
10. Look at the skin for rash, including a rash that does not fade when pressed, bruising and signs of dehydration, and check for neck stiffness if the history suggests it.
11. Examine the ears and throat last, as they are the most upsetting. Ask the parent to hold the child comfortably. Do not look in the throat of a child with drooling or stridor; call a senior at once.
12. Clean your hands, thank the child and parent, summarise the findings, say what you would escalate and to whom, document and make a plan.

What candidates commonly forget

- Starting with the most upsetting part
- Not using the normal values for the age
- Not observing first
- Not involving the parent
- Not checking hydration or for a non-blanching rash
- Examining the throat in a child with drooling or stridor
- Not saying when to call a senior

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 Earache and fever in a child. Back to the paediatrics OSCE for MBBS students page: paediatrics OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for paediatric examination?

Build trust and gain consent, observe, check vital signs for age, growth, chest, heart, abdomen, skin and hydration, then ears and throat last, summarise and escalate warning signs.

Why examine the ears and throat last?

They upset most children, and a crying child makes the rest of the examination harder. Never examine the throat of a child with drooling or stridor, as this can block the airway. Call a senior.

How do I examine an unwell infant?

Call for senior help early. Assess airway, breathing, circulation and disability first, keep the infant warm and use your local early warning chart and the NICE traffic light system for fever.

Sources

- WHO: Integrated Management of Childhood Illness
- NICE NG143: fever in under 5s

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