OSCE checklist for pain assessment

An OSCE checklist for pain assessment covers asking about site, onset, character, spread, severity and what helps, using a pain scale suited to the patient, checking for non-verbal signs and red flags, acting on the score, reassessing and recording the result.

OSCE checklist for pain assessment: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain that you want to understand the pain and gain consent.
2. Ask where the pain is and to point to the place, when it began and how it came on.
3. Ask the patient to describe the pain in their own words, for example sharp, dull, burning or cramping.
4. Ask whether it spreads, what makes it better or worse, whether it is constant or comes and goes, and how it affects sleep, movement and breathing.
5. Ask the severity using a scale suited to the patient, such as a number scale from 0 to 10, a face scale for children, or a behaviour scale if the person cannot tell you.
6. Ask about other symptoms such as nausea, fever, breathlessness or sweating, and look for non-verbal signs such as grimacing, guarding or restlessness.
7. Take a set of vital signs and, for adults, work out the NEWS2 score.
8. Escalate at once to the nurse in charge or doctor if the pain is new, sudden or severe, is chest pain, comes with abnormal observations, or is not controlled by the plan.
9. Review the pain plan and what the patient has already taken. Any medicine must be checked against the prescription and allergies and given by a registered nurse or under their supervision. Offer non-drug comfort such as repositioning.
10. Reassess after the treatment at the time your policy says, clean your hands, and record the score, the action and the response.

What candidates commonly forget

- Not asking the patient to describe the pain

- Using one scale for every patient
- Forgetting non-verbal signs
- Not escalating new, severe or chest pain
- Not checking allergies and the prescription before pain relief
- Not rechecking after giving relief or not recording it

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 Pain assessment in an older man with dementia. 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 pain assessment?

Ask site, onset, character, spread, severity, triggers and relief, use a suitable scale, check non-verbal signs and vital signs, escalate red flags, act on the plan, reassess and record.

What pain scales should I know?

A numeric rating scale, a face scale for children, and a behaviour-based scale for people who cannot speak, such as people with advanced dementia. Know the ones your school uses.

Should I give medicine without asking a nurse?

Only within your role. Students usually report the pain and the registered nurse checks the prescription and allergies and gives or supervises the medicine.

Sources

- NMC: standards of proficiency for registered nurses
- Royal College of Physicians: National Early Warning Score (NEWS) 2

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