OSCE checklist for patient positioning

An OSCE checklist for patient positioning covers choosing the right position for the need, safe moving with help, supporting joints with pillows, protecting skin, checking comfort and recording the change.

OSCE checklist for patient positioning: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth against the wristband, explain which position you will use and why, and gain consent.
2. Check the care plan, the moving and handling risk assessment, any movement limits and the repositioning schedule.
3. Raise the bed to a safe working height and apply the brakes. Get the number of staff and equipment the moving and handling plan says. Do not lift the patient.
4. Use a slide sheet or other equipment you have been trained to use, and avoid dragging the patient across the sheet.
5. For the supine position, support the head and neck, and keep the heels free of pressure, for example with a pillow under the calves.
6. For the side-lying position, use a slight tilt rather than lying on the hip bone, place pillows behind the back and between the knees, and keep the spine in line.
7. For the Fowler's or semi-Fowler's position, raise the head of the bed and support the arms. Use the bed's knee break or support to stop the patient sliding down.
8. Use the prone position only with trained staff and clear instructions, and keep the airway clear.
9. Do not position the patient on an area of redness. Check pressure points such as heels, hips, sacrum, ears and elbows, and make sure tubes, lines and the patient's arms are not trapped.
10. Make the patient comfortable, lower the bed, use bed rails only as assessed, and put the call bell in reach.
11. Clean your hands, record the position and time, and report new redness or broken skin to the nurse in charge.

What candidates commonly forget

- Dragging the patient and causing friction
- Not following the moving and handling plan
- Not using pillows to support joints
- Forgetting heels and the sacrum
- Trapping drains, tubes or the patient's arm
- Not recording the time of the position change

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 Pressure area assessment after a hip fracture. 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 patient positioning?

Explain and gain consent, check the care plan and moving and handling plan, use safe equipment, place the patient in the correct position with pillows for support, check pressure points and lines, and record.

Which positions should a foundation student know?

Supine, side-lying, Fowler's, semi-Fowler's, prone and sitting. Know one reason to use each and how to keep each one safe.

How often should I change position?

Follow the care plan or pressure ulcer policy. Patients at higher risk need more frequent changes.

Sources

- NICE CG179: pressure ulcers
- NMC: standards of proficiency for registered nurses

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