OSCE checklist for patient transfer from bed to chair

An OSCE checklist for patient transfer from bed to chair covers checking the moving and handling plan, preparing the space and equipment, helping a patient who can bear weight to stand and turn without lifting them, and checking they are safe and comfortable in the chair.

OSCE checklist for patient transfer from bed to chair: steps to practise

1. Clean your hands, introduce yourself, confirm the patient's name and date of birth (and wristband if an inpatient), explain the plan and gain consent.
2. Check the moving and handling risk assessment and care plan for the level of help, the number of staff and any equipment, such as a hoist, a standing aid, a walking aid or a slide board.
3. Ask about pain, dizziness and how they feel today. If they have been in bed for a long time or have had low blood pressure, check for dizziness on sitting up as your policy says. Make sure they wear well-fitting non-slip footwear.
4. Clear the space. Place the chair close to the bed at a slight angle, apply the chair brakes and the bed brakes, and set the bed height so the patient's feet can rest flat on the floor when sitting.
5. Help the patient sit on the edge of the bed, using the bed controls or their own movement rather than pulling on their arms. Let them rest there until any dizziness passes. Do not continue if they feel faint.
6. Keep your own back straight, bend your knees, keep close and use a stable stance. Never lift the patient's full weight, never lift under the armpits and do not let the patient hold you around the neck.
7. Ask the patient to shuffle forward, place their feet back slightly and push up from the bed with their hands on an agreed, clear instruction such as 'ready, steady, stand'.
8. Let them steady themselves, then guide them to turn in small steps until the backs of their legs touch the chair. Ask them to reach for the armrests and lower themselves slowly.
9. If they cannot take their weight or start to fall, do not try to hold them up. Guide them back to the bed or gently to the floor, call for help and follow the falls policy.
10. Check their position and comfort, and place the call bell, drink and walking aid within reach. Clean your hands. Record how the transfer went and report dizziness, a fall, new pain or a

change in mobility to the nurse in charge.

What candidates commonly forget

- Not checking the moving and handling plan before starting
- Not applying the brakes on the bed and chair
- Moving a patient who is still dizzy
- Lifting under the armpits or letting the patient hold your neck
- Trying to catch a falling patient instead of guiding them down and calling for help
- Forgetting footwear, the call bell and hand hygiene

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 Falls prevention after a near miss. 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 transferring a patient from bed to chair?

Confirm identity and consent, check the moving and handling plan, apply the brakes, sit the patient at the edge to settle, give a clear instruction, let them push up and turn with your support without lifting them, lower safely, check comfort and the call bell, and record.

When do I use a hoist?

Use a hoist when the risk assessment or care plan says the patient cannot bear weight safely. Only use one after training and with the number of staff your policy states.

What if the patient starts to fall?

Do not try to hold their weight. Guide them down safely, call for help, do not move them until they have been checked, and follow the falls policy.

How do I protect my own back?

Keep your back straight, bend your knees, stay close, never lift the full weight of a patient, and use equipment or ask for help when the plan says so.

Sources

- NMC: standards of proficiency for registered nurses
- NICE CG124: hip fracture

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