OSCE checklist for respiratory examination

An OSCE checklist for respiratory examination covers general inspection, hands, the neck, then the chest in the same order on the front and the back: inspect, feel, percuss, listen. This is our own practice list.

The checklist, step by step

1. Wash your hands, introduce yourself, confirm identity, explain and gain consent.
2. Sit the patient up and expose the chest, keeping them covered and warm.
3. Look from the end of the bed: breathlessness, use of neck muscles, oxygen, inhalers, cough, sputum pot, chest shape and scars.
4. Hands: clubbing, staining, temperature and a flapping tremor. Feel the pulse.
5. Count the breathing rate without telling the patient.
6. Face and neck: eyes, mouth and tongue for colour, the trachea position and lymph nodes.
7. Chest front: compare expansion on both sides, feel for tactile fremitus, percuss both sides and compare.
8. Listen with the diaphragm over the same areas, comparing sides, and note breath sounds, added sounds and vocal resonance.
9. Sit the patient forward and repeat on the back, including the lymph nodes.
10. Check the legs for swelling, and look at the peak flow, temperature and oxygen saturation.
11. Cover the patient, thank them, wash your hands and suggest a chest X-ray and other tests.

What candidates commonly forget

- Counting the respiratory rate.
- Comparing one side with the other every time.
- Examining the back as well as the front.
- Checking oxygen saturation and what target applies.
- Looking at the sputum pot and inhalers.

How to use this list

This is our own practice checklist. Exam bodies mark in their own way. Use it to build a routine, then say each step aloud as you do it. You can also practise with an AI patient on this site, and try one station free with no sign-up. For original examination stations, see the PLAB 2 stations list.

Common questions

How do I count respiratory rate without the patient noticing?

Hold the wrist as if taking the pulse and watch the chest instead. Then record the rate.

What oxygen saturation should I aim for?

It depends on the patient. The British Thoracic Society gives target ranges for most acutely ill adults and a lower range for people at risk of high carbon dioxide. Check the guideline for the figures.

Is this your checklist or the exam's?

It is ours, written for practice.

Sources

- NICE: Chronic obstructive pulmonary disease (NG115)
- BTS, NICE and SIGN: Asthma (NG245)
- British Thoracic Society: Guideline for oxygen use in healthcare and emergency settings
- NHS: COPD

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