OSCE checklist for sputum specimen collection

An OSCE checklist for sputum specimen collection covers checking the request and infection risk, explaining how to cough up sputum from deep in the chest, collecting it into a sterile container with the right protection, labelling at the bedside and sending it promptly.

OSCE checklist for sputum specimen collection: steps to practise

1. Check the request for the right patient and the tests needed, and check whether infection control precautions apply, for example if tuberculosis is possible.
2. Wash your hands, introduce yourself, confirm identity (name, date of birth and wristband), explain why the sample is needed and gain consent.
3. Collect a sterile container, tissues, water to rinse the mouth, a label, a request form and the PPE your policy says. If tuberculosis or another airborne infection is suspected, use the respiratory protection and single room your policy requires.
4. Ask the patient to rinse their mouth with plain water, not mouthwash, to reduce saliva in the sample.
5. Sit the patient upright and ask them to take a few deep breaths and cough deeply from the chest.
6. Ask the patient to spit the sputum, not saliva, directly into the container without touching the inside or the rim.
7. An early morning sample is often best, as secretions build up overnight.
8. Close the container tightly and avoid soiling the outside.
9. Remove PPE, wash your hands, and label the container at the bedside. Complete the form and put the sample in the specimen bag.
10. Send the sample promptly or store it as your policy says, and offer mouth care and tissues.
11. Record the colour, amount and consistency. Report blood in the sputum, increasing breathlessness or a change in observations (using NEWS2 for adults) to the nurse in charge.

What candidates commonly forget

- Collecting saliva instead of sputum
- Not using the right protection when infection is possible
- Contaminating the container
- Not labelling at the bedside
- Delay in sending the sample
- Not reporting blood in the sputum

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 Focused assessment of worsening breathlessness. 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 sputum specimen collection?

Check the request and infection risk, wash hands, confirm identity and consent, use the right PPE, ask the patient to rinse with water and cough deeply into a sterile container, close and label at the bedside, send promptly and record the appearance.

Why the early morning sample?

Secretions collect overnight, so a morning sample often has more sputum in it.

What if the patient cannot produce sputum?

Tell the nurse in charge. Other methods may be used, but only on instruction and by trained staff.

Sources

- NICE CG139: infection prevention and control
- NICE NG33: tuberculosis

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