OSCE checklist for venepuncture

An OSCE checklist for venepuncture covers checking the request and the patient's identity, gaining consent, checking allergies, choosing a safe arm and vein, cleaning the skin, taking blood with a safe technique, disposing of the needle at once and labelling the tubes at the bedside.

OSCE checklist for venepuncture: steps to practise

1. Clean your hands, introduce yourself and confirm the patient's identity: full name and date of birth, checked against the wristband for inpatients.
2. Explain the procedure, gain verbal consent and ask about previous fainting or needle fear.
3. Check the request form for the right patient, tests and tubes. Ask about allergies (latex, chlorhexidine or alcohol, tape and plasters), bleeding problems and blood thinners.
4. Ask which arm they prefer and avoid an arm with a fistula, lymphoedema, a drip running, recent breast or axillary surgery, injury or infection.
5. Collect gloves, an apron if policy says, a tourniquet, a safety needle and holder or a safety butterfly, the right tubes in date, a chlorhexidine and alcohol swab, gauze, tape and a sharps bin you can reach.
6. Position the patient sitting or lying with the arm supported. If they have fainted before, lie them down.
7. Apply the tourniquet above the site and choose a vein, usually in the antecubital fossa, by looking and feeling.
8. Clean your hands, put on gloves and clean the skin with the antiseptic for the time your policy states. Let it dry fully and do not touch the site again.
9. Warn the patient, anchor the vein below the site with your thumb and insert the needle bevel up at a shallow angle.
10. Fill the tubes in the order of draw your laboratory uses, and gently invert tubes with additives as the maker says.
11. Release the tourniquet once blood is flowing and before you withdraw the needle. Remove the last tube from the holder, then withdraw the needle and press on the site with gauze.

12. Activate the safety device and put the needle and holder straight into the sharps bin at the point of use. Never recap.
13. Label the tubes at the bedside, checking the details against the patient and wristband. Check the site has stopped bleeding and apply a dressing if there is no allergy.
14. Remove gloves, clean your hands, send the samples and document. If you fail after the number of attempts your policy allows, stop and ask a senior or a colleague.

What candidates commonly forget

- Checking identity against the wristband
- Asking about latex, chlorhexidine and tape allergy
- Choosing an arm with a fistula, drip or lymphoedema
- Touching the site again after cleaning
- Leaving the tourniquet on while the needle is withdrawn
- Not putting the needle in the sharps bin straight away, or recapping it
- Labelling the tubes away from the patient

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 Teaching a junior doctor to take blood cultures. Back to the medicine OSCE for MBBS students page: medicine OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for venepuncture?

Clean your hands, confirm identity, explain and gain consent, check the request and allergies, choose a safe arm, apply the tourniquet, clean the skin and let it dry, insert, fill the tubes in order, release the tourniquet, remove the needle, discard it straight into the sharps bin, label at the bedside and document.

How long should the tourniquet stay on?

As short a time as possible. Release it once blood is flowing and always before you withdraw the needle. Follow your local policy.

What if the patient feels faint?

Stop, remove the tourniquet and needle safely, lie the patient flat and call for help. Ask about previous fainting before you start so you can lie them down from the beginning.

How many attempts can I make?

Follow your local policy. If you cannot get blood, stop and ask a more experienced colleague rather than keep trying.

Sources

- WHO guidelines on drawing blood: best practices in phlebotomy
- NICE CG139: infection prevention and control

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