OSCE checklist for wound dressing

An OSCE checklist for wound dressing runs from assessing the wound and preparing a clean field to removing the old dressing, cleaning, applying the new one and recording what you saw. Practise your hand hygiene and non-touch technique alongside it.

OSCE checklist for wound dressing: steps to practise

1. Check the dressing order or wound care plan.
2. Wash or rub your hands. Clean the trolley or surface and gather the equipment.
3. Introduce yourself, confirm identity, explain and gain consent.
4. Ask about pain and allergies, and offer pain relief in time if needed. Close curtains or the door.
5. Position the patient so you can see the wound without exposing more than needed.
6. Wash or rub your hands again, and put on gloves and an apron as your policy says.
7. Remove the old dressing, noting the amount and type of exudate and any smell.
8. Dispose of the old dressing and gloves, clean your hands and put on clean gloves.
9. Assess the wound: size, edges, colour, tissue type, drainage and surrounding skin.
10. Clean as your policy says, using the right technique and solution, then dry the surrounding skin.
11. Apply the new dressing, label it with the date, and tidy up.
12. Record the wound assessment and the dressing used, and arrange the next change.

What candidates commonly forget

- Describing the wound before and after.
- Hand hygiene at the right points.
- Not touching the part of the dressing that goes onto the wound.
- Pain control and patient comfort.
- Date and signature on the record.

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. Whether you use sterile or clean technique, which solution to use and how you measure the wound differ by local policy. You can practise with an AI patient, and try one station free with no sign-up. See also the general OSCE nursing checklist.

Common questions

Is wound dressing a sterile or clean procedure?

It depends on the wound and your policy. Say which technique you are using and why.

What do I record after a dressing change?

The wound appearance, drainage, pain, the dressing used and when it should be changed.

What if I see signs of infection?

Report it according to your policy and record the signs. Say who you would tell.

Sources

- NICE QS61: Infection prevention and control
- WHO guidelines on hand hygiene in health care
- NICE NG125: Surgical site infections

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