



OSCE Checklist: Hydration Status Assessment

| Introduction | | |
|---------------------------|--|--|
| 1 | Wash your hands and don PPE if appropriate | |
| 2 | Introduce yourself to the patient including your name and role | |
| 3 | Confirm the patient's name and date of birth | |
| 4 | Briefly explain what the examination will involve using patient-friendly language | |
| 5 | Gain consent to proceed with the examination | |
| 6 | Adjust the head of the bed to a 45° angle and position the patient lying down | |
| 7 | Ask the patient if they have any pain before proceeding with the clinical examination | |
| General inspection | | |
| 8 | Inspect the patient from the end of the bed whilst at rest, looking for clinical signs suggestive of underlying pathology | |
| 9 | Look for objects or equipment on or around the patient that may provide useful insights into their medical history and current clinical status | |
| Hands | | |
| 10 | Inspect the hands for relevant clinical signs | |
| 11 | Assess and compare the temperature of the hands | |
| 12 | Assess peripheral capillary refill time | |
| 13 | Assess skin turgor | |
| Pulses and blood pressure | | |
| 14 | Palpate the patient's radial pulse and assess rate/rhythm | |
| 15 | Palpate the patient's brachial pulse and assess character | |
| 16 | Measure the patient's blood pressure | |
| Jugular venous pressure | | |
| 17 | Measure the patient's jugular venous pressure | |
| Face | | |
| 18 | Inspect the eyes for signs relevant to the patient's fluid status | |
| 19 | Inspect the mouth for signs relevant to the patient's fluid status | |
| Chest | | |
| 20 | Calculate the patient's respiratory rate | |
| 21 | Assess central capillary refill time | |
| 22 | Auscultate the patient's heart sounds | |
| 23 | Auscultate the patient's lungs | |

| Abdomen | | |
|---------------------------------------|--|--|
| 24 | Position the patient lying flat on the bed, with their arms by their sides and legs uncrossed for abdominal inspection | |
| 25 | Inspect the patient's abdomen for signs suggestive of hypervolaemia | |
| 26 | Assess for shifting dullness if ascites is suspected | |
| Oedema | | |
| 27 | Assess for sacral oedema | |
| 28 | Assess for pedal oedema | |
| To complete the examination... | | |
| 29 | Explain to the patient that the examination is now finished | |
| 30 | Thank the patient for their time | |
| 31 | Dispose of PPE appropriately and wash your hands | |
| 32 | Summarise your findings | |
| 33 | Suggest further assessments and investigations (e.g. blood pressure, full blood count, urea and electrolytes, further imaging, accurate fluid balance, urine and serum osmolality) | |

Read the full guide at
[geekymedics.com](https://www.geekymedics.com)



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