



OSCE: BREATHLESSNESS STATION

SAFE • STRUCTURED • CLINICAL

1. OPEN THE STATION

- ✓ Wash hands
- ✓ Introduce yourself
- ✓ Confirm patient identity
- ✓ Gain consent
- ✓ Ask about pain and comfort



2. FOCUSED ASSESSMENT

HISTORY – Ask about:

- Onset
- Chest pain
- Cough
- Fever
- Wheeze
- Orthopnoea
- PMH
- Smoking history



EXAMINATION – Assess:

- Inspect (work of breathing)
- Respiratory rate
- Oxygen saturations
- Pulse
- Blood pressure
- Auscultation
- Peripheral oedema

3. CLOSE SAFELY

- Summarise your findings
- Offer differential diagnoses
e.g. asthma / COPD / pneumonia / PE / heart failure
- Request appropriate tests
Observations, ECG, CXR, ABG if needed
- Thank the patient and hand over senior concerns




STATION FRAMEWORK	WHAT TO COVER
INTRODUCTION	Wash hands, introduce yourself, confirm identity, gain consent, ask about pain and comfort.
KEY HISTORY	Onset, duration, progression, associated symptoms (chest pain, cough, fever, wheeze, orthopnoea), PMH, medications, smoking history, exacerbating/relieving factors.
EXAMINATION	Inspect (distress, cyanosis, use of accessory muscles), RR, SpO ₂ , pulse, BP, Auscultation (wheeze, crackles, reduced air entry), peripheral oedema.
DIFFERENTIALS	Think broadly: Asthma / COPD, Pneumonia, Pulmonary embolism, Heart failure, Pneumothorax, Anaemia, Anxiety, Others.
INVESTIGATIONS	Observations (RR, SpO ₂ , pulse, BP, temp), ECG, CXR, ABG (if needed), FBC, U&Es, CRP, D-dimer (if PE suspected).
CLOSURE	Summarise findings, outline differentials, request investigations, ensure safety, thank patient, hand over concerns to senior.

RED FLAGS

- ! Hypoxia (SpO₂ < 92% on air)
- ! Silent chest / poor air entry
- ! Haemodynamic instability (hypotension, tachycardia)
- ! Pleuritic chest pain
- ! Unilateral leg swelling (think DVT/PE)
- ! Altered mental state

QUICK RECALL

- 1 What must you do before examining?
- 2 Name 3 important causes of breathlessness.
- 3 How do you close the station safely?



★ **KEY IDEA:** A calm, structured approach turns a complex breathlessness station into a safe and high-scoring OSCE performance. ★