

50 Spanish phrases every ED nurse should know

A free cheat sheet from ClinicalLingo

"It's 2 a.m. in the ED. Your patient only speaks Spanish. The only person on the floor who speaks Spanish is the janitor, and he's two buildings away."

This happens. Every night. In every US ED with Spanish-speaking patients.

What this is

50 phrases across the five encounters you actually have on shift: intake, pain assessment, allergies & medications, discharge instructions, and follow-up / telephone triage. Each entry has the English prompt, a natural Spanish translation, a pronunciation gloss for English-speakers, and a one-line note on dialect or context.

Spanish leans Mexican (the largest US Spanish-speaking population). Where Puerto Rican, Cuban, or Central American Spanish differ in a way that matters in a clinical encounter, the note flags it.

Important

Language training only. Not a substitute for a certified medical interpreter when one is required by your facility, EMTALA, or Title VI.

Reviewed by clinical staff. Spanish leans Mexican, the largest US Spanish-speaking population — dialect notes flag where Puerto Rican / Cuban / Central American Spanish differ.

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Intake

Identification, registration, vitals — the first 90 seconds.

1 Good morning, I'm a nurse. What's your name?

Buenos días, soy enfermero/a. ¿Cómo se llama?

BWEN-ohs DEE-ahs, soy en-fer-MEH-roh / -rah. KOH-moh seh YAH-mah?

Match gender to yourself: enfermero (m), enfermera (f). For MD: doctor / doctora.

2 What's your date of birth?

¿Cuál es su fecha de nacimiento?

kwahl ess soo FEH-chah deh nah-see-MYEN-toh?

Mexican Spanish writes day / month / year — confirm with “día, mes, año” if numeric.

3 What brings you in today?

¿Qué lo trae hoy aquí? / ¿Qué la trae hoy aquí?

keh loh / lah TRAH-eh oy ah-KEE?

Use “lo” for a male patient, “la” for a female. Universal alt: ¿Qué le pasa?

4 Have you been seen here before?

¿Lo / la han atendido aquí antes?

loh / lah ahn ah-ten-DEE-doh ah-KEE AHN-tess?

“Atender” = to see / care for a patient — better than “ver” here.

5 Can you tell me your address?

¿Me puede decir su dirección?

meh PWEH-deh deh-SEER soo dee-rek-SYOHN?

Universal across dialects.

6 Do you have insurance?

¿Tiene seguro médico?

TYEH-neh seh-GOO-roh MEH-dee-koh?

“Aseguranza” is widely used in Mexican-American Spanish; both are fine.

INTAKE (CONTINUED)

7

Who can we call in case of an emergency?

¿A quién podemos llamar en caso de emergencia?

ah KYEN poh-DEH-mos yah-MAR en KAH-soh deh eh-mer-HEN-syah?

Get name, phone, and relationship in one breath.

8

Do you need an interpreter?

¿Necesita un intérprete?

neh-seh-SEE-tah oon een-TER-preh-teh?

Critical first question. If yes, pause and call your language line — do not proceed in your phrase-book Spanish.

9

Are you currently pregnant?

¿Está embarazada actualmente?

es-TAH em-bah-rah-SAH-dah ahk-twahl-MEN-teh?

False-cognate alert: “embarazada” = pregnant, not embarrassed. Ask only when clinically appropriate.

10

I'm going to take your vital signs.

Voy a tomarle los signos vitales.

voy ah toh-MAR-leh los SEEG-nos vee-TAH-less.

Colloquial alt: “Le voy a checar la presión y el pulso” — most patients understand both.

Pain assessment

Where, when, how bad, what character. The numeric scale plus a finger.

11 On a scale of 0 to 10, how is your pain?

En una escala de 0 a 10, ¿cómo está su dolor?

en OO-nah es-KAH-lah deh SEH-roh ah DYESS, KOH-moh es-TAH soo doh-LOR?

Show the numeric / face scale visually — patients often answer by pointing.

12 Where does it hurt?

¿Dónde le duele?

DOHN-deh leh DWEH-leh?

Ask the patient to point. Universal across dialects.

13 Show me with one finger.

Muéstreme con un dedo.

MWES-treh-meh kohn oon DEH-doh.

Disambiguates point-tender from diffuse pain.

14 When did the pain start?

¿Cuándo le empezó el dolor?

KWAHN-doh leh em-peh-SOH el doh-LOR?

Common alt: ¿Hace cuánto le duele? = how long has it hurt?

15 Is the pain sharp or dull?

¿El dolor es agudo o sordo?

el doh-LOR ess ah-GOO-doh oh SOR-doh?

Patients often respond to plainer words: ¿Es como un piquete o como una presión? — “a stab or a pressure?”

PAIN ASSESSMENT (CONTINUED)

16 Does it come and go, or is it constant?

¿Va y viene, o es constante?

vah ee VYEH-neh, oh ess kohn-STAN-teh?

Universal.

17 Does anything make it better?

¿Algo le ayuda?

AHL-goh leh ah-YOO-dah?

Literally “does anything help you?” — natural Spanish for the OPQRST ‘palliating’ step.

18 Does anything make it worse?

¿Algo lo empeora?

AHL-goh loh em-peh-OH-rah?

Or *¿Con qué le duele más?* = “what makes it hurt more?”

19 Have you had this pain before?

¿Ha tenido este dolor antes?

ah teh-NEE-doh ESS-teh doh-LOR AHN-tess?

Distinguishes acute-on-chronic from new-onset.

20 Does the pain spread anywhere?

¿El dolor se le corre a otra parte?

el doh-LOR seh leh KOH-rreh ah OH-trah PAR-teh?

For radiation. Mexican Spanish: “se corre.” Caribbean / textbook: “se irradia.” Both work; “se corre” is more patient-natural.

Allergies & medications

Med-rec is where charting errors hide. Always ask for the bottle.

21 Are you allergic to any medication?

¿Es alérgico/a a alguna medicina?

ess ah-LEHR-hee-koh / -kah ah ahl-GOO-nah meh-dee-SEE-nah?

Match gender to patient. Always follow up with #27 to separate true allergy from intolerance.

22 Are you taking any medications right now?

¿Está tomando algún medicamento ahora?

es-TAH toh-MAHN-doh ahl-GOON meh-dee-kah-MEN-toh ah-OH-rah?

Pair with: ¿Trae los frascos? — “did you bring the bottles?”

23 When did you last take your medication?

¿Cuándo fue la última vez que tomó su medicina?

KWAHN-doh fweh lah OOL-tee-mah vess keh toh-MOH soo meh-dee-SEE-nah?

Critical for med-rec. Expect answers like “hace dos horas” (two hours ago) or “esta mañana” (this morning).

24 Do you have a list of your medications?

¿Trae la lista de sus medicinas?

TRAH-eh lah LEES-tah deh sooss meh-dee-SEE-nahss?

“Trae” (do you bring) is more natural than “tiene” (do you have) in this context.

25 Do you take blood thinners?

¿Toma anticoagulantes? O sea, medicina para que la sangre no se le coagule.

TOH-mah ahn-tee-koh-ah-goo-LAHN-tess? oh SEH-ah, meh-dee-SEE-nah PAH-rah keh lah SAHN-greh noh seh leh koh-AH-goo-leh.

Most patients will not know “anticoagulantes” — explain in plain words. Critical pre-procedure.

26

Are you allergic to penicillin?

¿Es alérgico/a a la penicilina?

ess ah-LEHR-hee-koh / -kah ah lah peh-nee-see-LEE-nah?

Most common allergy — always ask explicitly even after a general “no allergies” answer.

27

What happens when you take it?

¿Qué le pasa cuando la toma?

keh leh PAH-sah KWAHN-doh lah TOH-mah?

Distinguishes true allergy (hives, swelling, anaphylaxis) from intolerance (stomach upset).

28

Do you use any herbal remedies or teas?

¿Usa hierbas o tés naturales?

OO-sah YEHR-bahss oh tess nah-too-RAH-less?

Critical — many patients use manzanilla, gordolobo, sábila, té de boldo. Some interact with anticoagulants and SSRIs.

29

Do you take anything to help you sleep?

¿Toma algo para dormir?

TOH-mah AHL-goh PAH-rah dor-MEER?

Often missed in med-rec — patients don't think OTC sleep aids count.

30

Have you taken anything for the pain at home?

¿Tomó algo para el dolor en casa?

toh-MOH AHL-goh PAH-rah el doh-LOR en KAH-sah?

Tylenol = “tilenol”. Ibuprofen = “ibuprofeno” or “Advil”. Document dose and time.

Discharge instructions

Home plan, return precautions, follow-up. Always teach-back.

31 You can go home today.

Hoy se puede ir a casa.

oy seh PWEH-deh eer ah KAH-sah.

Clinical alt: “Le vamos a dar de alta” = “we’re going to discharge you.”

32 Take this medicine twice a day, every 12 hours.

Tome esta medicina dos veces al día, cada 12 horas.

TOH-meh ESS-tah meh-dee-SEE-nah dohss VEH-sess ahl DEE-ah, KAH-dah DOH-seh OH-rahss.

Always specify the interval — “twice a day” alone is often misheard / mistimed.

33 Take it with food.

Tómela con comida.

TOH-meh-lah kohn koh-MEE-dah.

Universal. Alt: “con el estómago lleno” = on a full stomach.

34 Drink plenty of water.

Tome mucha agua.

TOH-meh MOO-chah AH-gwah.

“Tomar agua” (Mexico) is more common than “beber agua” (textbook). Both understood.

35 Rest for 24 hours.

Descanse por 24 horas.

des-KAHN-seh por veyn-tee-KWAH-troh OH-rahss.

Universal.

36 Don't drive while taking this medication.

No maneje mientras tome esta medicina.

noh mah-NEH-heh MYEN-trahss TOH-meh ESS-tah meh-dee-SEE-nah.

“Manejar” (Mexico, US) vs. “conducir” (Spain, PR, textbook). Both understood.

DISCHARGE INSTRUCTIONS (CONTINUED)

37 Come back if the pain gets worse.

Regrese si el dolor empeora.

reh-GREH-seh see el doh-LOR em-peh-OH-rah.

Universal. Pair with #38 for fever return precaution.

38 Come back if you have a fever over 38°C (about 101°F).

Regrese si tiene fiebre de más de 38 grados.

reh-GREH-seh see TYEH-neh FYEH-breh deh mahss deh treyn-TAH ee OH-choh GRAH-dohss.

Spanish-speaking patients use Celsius. 101°F "H 38.3°C — round to 38 for plain language.

39 Follow up with your primary doctor in one week.

Vea a su doctor de cabecera en una semana.

VEH-ah ah soo dohk-TOR deh kah-beh-SEH-rah en OO-nah seh-MAH-nah.

“Doctor de cabecera” (Mexico) = primary care. Alt: “médico de familia.”

40 Can you tell me what you'll do at home?

¿Me puede repetir lo que va a hacer en casa?

meh PWEH-deh reh-peh-TEER loh keh vah ah ah-SEHR en KAH-sah?

Teach-back — the single highest-yield discharge step. Catches misunderstandings before they become callbacks.

Follow-up & telephone triage

Phone calls back to the patient. Open clean. Listen for red-flags.

41 This is the nurse calling from the clinic.

Le habla el enfermero / la enfermera de la clínica.

leh AH-blah el en-fer-MEH-roh / lah en-fer-MEH-rah deh lah KLEE-nee-kah.

“Le habla X” is the standard Spanish phone open — not “soy X.”

42 How are you feeling today?

¿Cómo se siente hoy?

KOH-moh seh SYEN-teh oy?

Universal.

43 Have you been taking your medication as prescribed?

¿Ha estado tomando su medicina como se la recetaron?

ah es-TAH-doh toh-MAHN-doh soo meh-dee-SEE-nah KOH-moh seh lah reh-seh-TAH-rohn?

Open-ended; ask non-judgmentally and you’ll get honest answers about missed doses.

44 Do you have any new symptoms?

¿Tiene algún síntoma nuevo?

TYEH-neh ahl-GOON SEEN-toh-mah NWEH-voh?

Universal opener for the symptom screen.

45 I need to ask you a few questions.

Necesito hacerle unas preguntas.

neh-seh-SEE-toh ah-SEHR-leh OO-nahss preh-GOON-tahss.

Sets up your triage protocol; signals “this is the structured part.”

46 Are you having trouble breathing?

¿Tiene dificultad para respirar?

TYEH-neh dee-fee-kool-TAHD PAH-rah ress-pee-RAR?

Red-flag. Pair with #47. Document onset.

FOLLOW-UP & TELEPHONE TRIAGE (CONTINUED)

47

Do you have chest pain?

¿Tiene dolor en el pecho?

TYEH-neh doh-LOR en el PEH-choh?

Cardiac red-flag. If yes, escalate — do not finish the script.

48

Please come to the emergency room.

Por favor, venga a la sala de emergencias.

por fah-VOR, VEN-gah ah lah SAH-lah deh eh-mer-HEN-syahss.

“Emergencias” (Mexico, most LatAm) and “urgencias” (some regions) are both understood.

49

Don't drive yourself — call someone or call 911.

No maneje usted; llame a alguien o llame al 911.

noh mah-NEH-heh oos-TED; YAH-meh ah AHL-gyen oh YAH-meh ahl NWEH-veh OO-noh OO-noh.

Always say 9-1-1 digit-by-digit (“nueve, uno, uno”). Never “novecientos once” — patients won't recognize it.

50

I'll call you back tomorrow to check on you.

Le voy a llamar mañana para ver cómo sigue.

leh voy ah yah-MAR mah-NYAH-nah PAH-rah ver KOH-moh SEE-gweh.

Closes the loop. Important for trust and continuity — set the expectation, then keep it.

THANKS FOR READING

Want the next 25?

Same format. With voiced AI patients you can practice against.

ClinicalLingo is a paid follow-on to this PDF: 30 ten-minute clinical-Spanish scenarios across six specialties (intake, pain assessment, allergies, medication reconciliation, discharge instructions, pediatric exam, telephone triage). Each scenario is one patient encounter, scripted by clinical staff, with voiced AI patients you answer back to. Whisper listens. The transcript is tap-to-translate.

It is web-based — not an app. There is no certificate. There is no 16-week commitment. There is no admin sponsorship to chase. You sign up Tuesday, you have something to use on Wednesday's shift.

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