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The critical care area and the specialist nurse: the new scenario of the clinical nurse after Ministerial Decree 177/2026

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A patient arrives in the emergency room with severe dyspnea. Rapidly decreasing saturation, agitation, signs of acute respiratory failure. In the traditional model, the nurse activates the pathway, monitors, and executes. In the new scenario outlined by Ministerial Decree no. 177 (MD 177)[1] of 25 February 2026 (MUR, 2026), the scene changes radically: the nurse evaluates, interprets, and anticipates. He does not simply wait for guidance, but actively and competently contributes to the immediate handling of the case. In this concrete and daily passage the scope of the reform is grasped. MD 177/2026 not only introduces formal changes to training courses, but redefines the very role of the nurse within highly complex contexts compared to MD 739/1994.[1,2]

Emergency-urgency and intensive care become the symbolic places of this transformation. In the context of the emergency, let us imagine a shift in the emergency room. The flow is continuous, the codes overlap, and the margin of error is minimal. Here, the nurse is no longer a simple executor of protocols, but a professional who governs complexity.[3] Triage is transformed into an advanced decision-making process: recognizing deterioration early, assigning clinical priorities, activating time-dependent paths are no longer routine acts, but critical skills.[3] The same happens in the management of the unstable patient. Cardiac arrest, major trauma, shock: situations in which time is of the essence and the quality of the response depends on the team's ability to act in a coordinated manner. In this scenario, the nurse takes an active role in decision making, participating in the construction of the clinical response and not limiting himself to its execution.[4] If we move to intensive care, the scenario becomes even more complex. A ventilated, sedated, hemodynamically supported patient requires continuous monitoring and a high interpretative capacity.[5] Data are not simply collected: they are read, correlated, transformed into actions. The nurse becomes the professional who observes the clinical trend over time, intercepts early signs of instability, and contributes to the modulation of treatments. Think of the management of mechanical ventilation or sedation: areas in which the application of complex protocols requires not only technical expertise but also clinical capacity. In this context, the nursing role evolves towards greater operational autonomy, always within a multi-professional model, but with a more defined decision-making weight.[6,7] M D 177/2026,[1] In this sense, it does not simply redefine «what the nurse does», but «how he does it» and «with what responsibility». It is not a question of overlap with the medical function, but of building a different balance, based on advanced competence and structured collaboration.[4]

The real novelty is therefore the scenario: a health system in which the nurse is called upon to be a protagonist in critical contexts, to manage complex processes and to contribute in a more defined and direct way to clinical outcomes.[4] The future clinical master's degrees, provided for by the reform, represent the training tool to support this change, but it is already in MD 177/2026 that the direction can be glimpsed. The challenge now will be to translate this scenario into operational reality. Consistent organizational models, institutional recognition of skills and, above all, a cultural change within work contexts will be needed. The risk, otherwise, is that the new nurse remains a figure envisaged on paper but not fully expressed in practice. If, on the other hand, this transformation is accompanied and supported, emergency and intensive care will become the laboratory of a new professional identity: that of an advanced clinical nurse, capable not only of assisting, but of having a decisive impact on the patient's care pathway.

References

1. Ministero dell'Università e della Ricerca. Decreto Ministeriale n. 177 del 25 febbraio 2026 [Decreto Ministeriale]. Roma; 2026 Feb [cited 2026 Mar 29]. Report No. Available from: https://www.mur.gov.it/it/atti-e-normativa/decreto-ministeriale-n-177-del-25-2-2026
2. Ministero della salute. Decreto Ministeriale n. 739 del 14 settembre 1994 — Regolamento concernente l'individuazione della figura e del relativo profilo professionale dell'infermiere [Internet]. 1994 Sep. Report No. Available from: https://www.gazzettaufficiale.it/eli/id/1995/01/09/095G0001/sg
3. Denke NJ. The role of emergency nurses in emergency preparedness and response. J Emerg Nurs 2025;51:30–5.
4. Woo BFY, Lee JXY, Tam WWS. The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. Hum Resour Health 2017;15:63.
5. Kleinpell RM, Grabenkort WR, Kapu AN, et al. Nurse practitioners and physician assistants in acute and critical care: a concise review of the literature and data 2008–2018. Crit Care Med 2019;47:1442–9.
6. Guidelines on advanced practice nursing. International Council of Nurses; 2020 [cited 2026 Mar 29]. Available from: https://www.icn.ch/system/files/documents/2020-04/ICN_APN%20Report_EN_WEB.pdf

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Comparison table of nursing functions: before and after the reform

Functional scope	Previous model (MD 739/1994)	New scenario (MD 177/2026)
Clinical evaluation	Data collection and observation	Advanced Clinical Evaluation and interpretation of signs of instability
Decision making	Limited, on medical recommendation	Active participation in clinical decision-making processes
Triage (emergency)	Protocol application	Advanced Triage with Autonomous Clinical Priority
Management of critically ill patients	Medical decision support	Active management and integrated management of the acute patient
Monitoring(TI)	Parameter detection	Dynamic interpretation of complex parameters
Clinical protocols	Execution	Autonomous application and adaptation according to the clinical picture
Professional autonomy	Limited and subordinate	Strengthened, with increasing clinical responsibility
Team role	Collaborative-Executive	Collaborative-decision-making
Continuity of care	Partial	Management of the patient pathway (PS–ICU–ward)
Clinical Responsibility	Indirect	More direct and recognized