

A stay in a department KAR can bring beside treatment and often saving of live in acute period a risk too. Just length of hospitalization has high effect for development of infectious and psychiatric disease and shortening of length of hospitalization can prevent this complication. Severe trauma of body, surgical or incidental, produces a reproductive physiological response. A mechanism of initiation, regulation and a maintenance includes mostly neuroendocrinal axis. An optimal level for suppression of stress response is still unknown. An environment of JIP is a little bit abnormal from an environment i common live. Mostly all incoming patients in ICU experience a pain due to performing of procedure, advance of disease or immobility without possibility for change position. A pain cause sympatic hyperaktivity, which increase hearth's frequency, stroke volume and consumption of oxygen by myokard. Assesment of sedation is difficult, because it is not in clinical praxis for disposition objektive method for assesment. Impossibility of adequate assesment of pain is not optimal for managing of pain. Need for sedation during using of mechanical ventilation is individual different. An inadequate deep sedation inhibits function of respiratory centre. Deep sedation without a positive affecting of mental function and a reduction of agitation can cause a prolongation of stay in ICU. Patients can experience a memory on a stay in ICU, for example on mechanical ventilation. An experience of traumatic moment can cause PTSD. PTSD is psychological state, which is initiated by experience live treating moment. Sedative protocols, which are aranged acording patient's need, introduce two important situation, assesment of patient's pain with disstress and algoritmus of escalation and deescalation of dose in dependance on this assesment. When is our aim the most earlier awakening as possible, we can aplicate alternative sedation protocol daily intermittent sedation. According to this study, we can say, that deep of sedation, evaluate by RSS, has an effect on lenght of period from finishing sedation to extubation. In this study, there is not linear dependency between age and period from finishing sedation to extubation. In this study, there is possible linear dependence between length of total mechanical ventilation and period from finishing sedation to extubation.