**Introduction:**
Acute Respiratory Distress Syndrome (ARDS) is a common condition in the intensive care unit (ICU). It is characterized by hypoxemia, bilateral opacities at thoracic radiography and the need for mechanical ventilation. The current standard treatment for patients with ARDS is the use of lung protective ventilation and deep sedation. The use of non-sedation for ICU patients has shown that it can reduce ICU length of stay and time in mechanical ventilation, but hasn’t been investigated for ARDS.

**Methods:**
We conducted a retrospective study of all patients with ARDS admitted to the ICU of Odense University Hospital in the period from 1st January 2012 to 31st December 2016. All patients with moderate to severe ARDS as defined by The Berlin Definition of ARDS were included. We searched the ICU database for patients of at least 18 years of age, mechanical ventilated with at least 72 hours of ICU stay. At least two PaO2/FiO2 ratios of <200mmHg and intubation at some point during admission. The patients in the ICU are not sedated but treated with morphine bolus injections of 2.5 or 5mg until tolerance of the tracheal tube or tracheostomy. If non-sedation strategy is insufficient for patient treatment, sedation is targeted to a Richmond Agitation-Sedation Scale (RASS) of -2 to -3 with a daily wake up call.

**Results:**
We evaluated 1446 patients in the ICU database and of these 306 had moderate or severe ARDS. The median age was 67 (57-74) and 201 were male (65.7%). 30-day mortality was 39.9% and 25% of the patients was mobilized out of bed within 14 days after admittance to the ICU. Median APACHE II were 27 (23-31) and median SAPS II were 50 (41-62). The median RASS were 0 (-3-0) at day 1 and 7 of ICU admittance. Most patients were ventilated using pressure support.

**Conclusion:**
Non-sedation was used in patients with ARDS and the 30-day mortality was 39.9%. Compared to other studies our patients were more ill with similar mortality.