**Introduction:**
In-hospital cardiac arrest (IHCA) is a lethal event. However, IHCA has received less attention than out-of-hospital cardiac arrest (OHCA). There have been some studies on IHCA; however, there is a lack of information on the evidence and clinical features of IHCA compared with information for OHCA. We therefore conducted this study to clarify important aspects of the epidemiology and prognosis of IHCA in patients with code blue activation.

**Methods:**
We carried out a retrospective observational study of patients with code blue events in our hospital during the period from January 2010 to October 2019. We obtained information on the characteristics of patients including age and gender, IHCA characteristics including the time of cardiac arrest, event being witnessed, presence of bystander cardiopulmonary resuscitation (CPR), initial shockable rhythm, vital signs 1 h or 6 h before cardiac arrest, survival to hospital discharge (SHD), and the cardiac arrest survival postresuscitation in-hospital (CASPRI) score. The primary endpoint was SHD. We performed univariate and multivariate logistic regression analyses.

**Results:**
A total of 293 code blue events were activated during the study period. Finally, 81 patients were included in this study. Overall, the SHD rate was 28.4%. The median time of CPR was 14 min (interquartile range, 6-28 min). The rate of initial shockable rhythm was 19.8%. There were significant differences in CPR duration, shockable rhythm, and CASPRI score between the SHD group and non-SHD group by univariate-logistic regression analysis. CASPRI score was found to be the most effective predictive factor for SHD (OR=0.98, p=0.006) by multivariate-logistic regression analysis.

**Conclusion:**
Our results demonstrated that CASPRI score is associated with SHD in CPA patients with in-hospital code blue events. CASPRI score in IHCA patients would be a simple and useful adjunctive tool for management of post-cardiac arrest syndrome (PCAS).