**Appendix 3.** Data Extraction Table for Included Papers.

Abbreviations: CDC, Centers for Disease Control and Prevention; DMAT, disaster medical assistance team; DOB, date of birth; FEMA, Federal Emergency Management Agency; ICRC, International Committee of the Red Cross; LMT, local medical team; PM, Project Medishare; PTSD, posttraumatic stress disorder; SOD, sudden onset disaster; UMGI, University of Miami Global Institute.

| **Paper** | **SOD** | **Date** | **Nationality/ Organization of Teams Involved** | **What Medical Record Used?** | **Details of What Record Contained** | **When was Record Filled in?** | **Who Completed the Record?** | **What was Done with the Record?** | **Other Details** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Burnweit and Stylianos (2011)8 | Haitian Earthquake  | 2010 | Project Medishare | Encounter form developed and devised during the hurricane | At least: demographics, specific anesthetic notes, operation notes, medical history, order sheet, medication list, progress notes | Point of contact with patients (started within a few days of SOD) | Attending medical team | Discharge summary given to guardian | Limited demographic information; recognized the need to get a record planned in advance, but then to modify it according to the situation |
| Callaway et al (2012)9 | Haitian Earthquake  | 2010 | Fond Parisien Disaster Rescue Camp, Operational Medical Institute and Harvard Humanitarian Initiative | iPhone app iChart  | Name, social security number or tent number, medical record number, DOB, sex, race, address, phone, free text for what was done | Point of contact with patients (started 7 days after the SOD) | Research team | Information was extracted and published in the paper | There remains a remediable issue needing to develop the right technology to manage conflicting data inputs from two sources; this is a prelude to a full working piece of medical record keeping software |
| CDC (2011)10 | Haitian Earthquake  | 2010 | UMGI/PM | Field hospital paper notes | At least: sex, age, dates of injury, admission/discharge, type/mechanism of injury, all diagnoses (including those not injury-related), surgical procedures, and patient disposition | Point of contact with patients (started 1 day after the SOD) | Attending medical team | Unclear |  |
| Currier et al(2006)7 | Hurricane Katrina | 2005 | American Red Cross | Encounter form developed and devised during the hurricane | Unclear | Point of contact with patients (started 1 day after the SOD) | Likely by health care team of American Red Cross | Unclear | No form ready in advance; difficult to ascertain patients' past medical histories; attempt made to contact authors, but could not via e-mail address supplied |
| Gueri et al (1983)19 | Tumaco Earthquake Colombia | 1979 | Local hospital, Red Cross, fire department, civil defence, family welfare, ministry of health, and departmental health services | Unclear, but likely standard hospital record | At least: who attended the patient, types of injury, and basic demographics | Point of contact with patients | Attending team member | Unclear, but likely hospital filing system | Medical records were incomplete; suggestion made for a card system for quick information gathering |
| Helminen et al (2006)20 | Kashmir Earthquake | 2006 | ICRC | Unclear | At least: name, age, sex, and diagnosis | Point of contact with patients (started 13 days after the SOD) | Attending medical team | Unclear |  |
| Henderson et al (1994)21 | Hurricane Iniki | 1992 | DMAT from FEMA | Unclear | At least: age, sex, diagnosis, treatment,and disposition | Unclear, but likely at point of contact with patients (started 5 days after the SOD) | Unclear | Unclear |  |
| Hung et al (2010)11 | Sichuan/ Wenchuan Earthquake | 2008 | Hong Kong Red Cross | Unclear | At least: demographics and medical information (no details given) | Point of contact with patients (started 20 days after the SOD) | Hong Kong Red Cross team | Unclear | Identified that just under 40% presented with chronic health problems |
| Kwak et al25 | Cyclone Nargis, Myanmar | 2008 | Korean Disaster Relief Team | Unclear | At least: basic demographic information, clinical information, and coded diagnosis | Point of contact with patients(started 1 month after the SOD)  | Attending medical team | Unclear |  |
| Kwak et al (2006)16 | South Asia Tsunami | 2004 | Korean Disaster Medical Assistance Team (DMAT) | Seoul University DMAT record | Age, gender, mode of arrival, residence, complaint, diagnosis, management, and disposition | Point of contact with patients (started within one week of the SOD) | Attending team member | Unclear |  |
| Lim et al (2005)15 | South Asia Tsunami | 2004 | Greendoctors (Korea), Korea University Team | Team's record | At least: demographics and details of affliction | Point of contact with patients (started within one week of the SOD) | Attending medical team | Team kept records |  |
| Nufer et al (2003)22 | Hurricane Andrew and Flood from Tropical Storm Allison | 1992, 2001 | New Mexico-1 Disaster Medical Assistance Team | Patient encounter form | At least: age, gender, medical history, chief complaint, diagnosis, tests, treatment, triage code, and disposition  | Point of contact with patients | Attending medical team | Unclear | Attempt made to contact authors, but could not via e-mail address supplied; respiratory infection more common in tropical storm floods; wounds more common after hurricane; more bites sustained after flood |
| Redwood-Campbell and Riddez (2006)14 | Asian Tsunami | 2004 | ICRC, Indonesian Red Cross, Norwegian Red Cross | Data collection tool for research | Age, gender, diagnosis, admitted/not, illness tsunami-related/not, symptoms, and PTSD symptoms | Point of contact with patients(started 9 weeks after the SOD) | Research team | Unclear | 12% of presentations were directly connected to tsunami |
| Riddez et al (2005)13 | Asian Tsunami | 2004 | ICRC, Indonesian Red Cross, Norwegian Red Cross | Electronic record | At least: name, age, diagnosis, surgical or obstetric procedure, post-operative complications, special problems caused by tsunami/field hospital | Point of contact with patients (started 3 weeks after the SOD)  | Attending medical team | Unclear | 29% surgical interventions directly related to tsunami; because it was free care/because existing provision was weak, wider cases came to the hospital |
| Shinchi and Ashida (2003)24 | Honduras Floods | 1998 | Japanese Medical Support Unit | Shinchi's Medical Record |  Demographics, surgical symptoms, medical symptoms, presence of infectious disease, presence of fracture, picture/free text, diagnosis, results, prescription, treatment, and tests | Point of contact with patients | Attending medical team | Unclear | Recognized need for different languages; trialed and improved; recognized need to link foreign to LMTs |